STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HY CENF

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STATE OF MARYLAND

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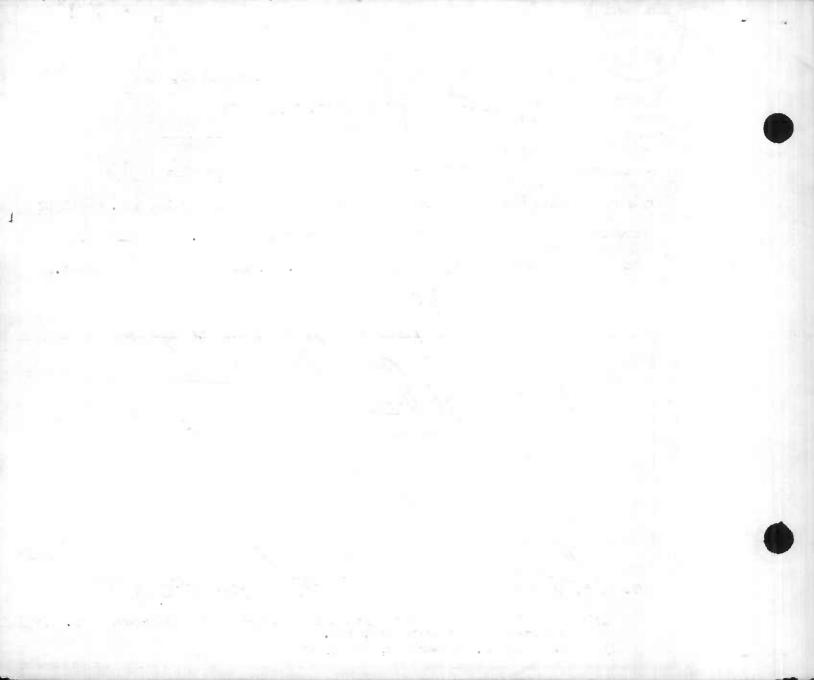
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HEBIENE

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-	REGISTRAR				CERTI	FICATE OF DEATH	REG. NO	).		
	CEASED NAME OR PRINT)	FIRST ELIA	ETH	EL	BARNES	LAST	OCTOBER 27,	1984	YEAR	2b. HOUR 6:45
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7e. Bl	RTHPLACE (STATE OR F COUNTRY) aryland		USA	A	MARRI		P BALTIMORE CITY OF ALLEGAN		DEATH	
	or town of DEA Cumberland	1.1	MEMO	RIAL H	STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIF	WORKING LIFE)	26. KIND C NDUSTRY	OF BUSINESS C
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	Marshall		IDDLE	Brink		15 MOTHER'S MAIDEN NA Margaret	MIDDLE E		nabur	
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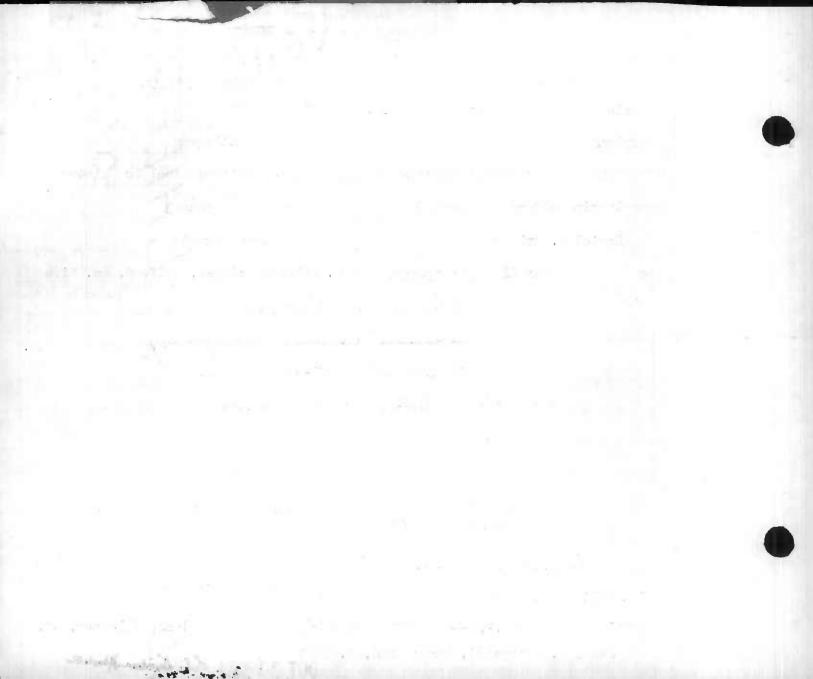
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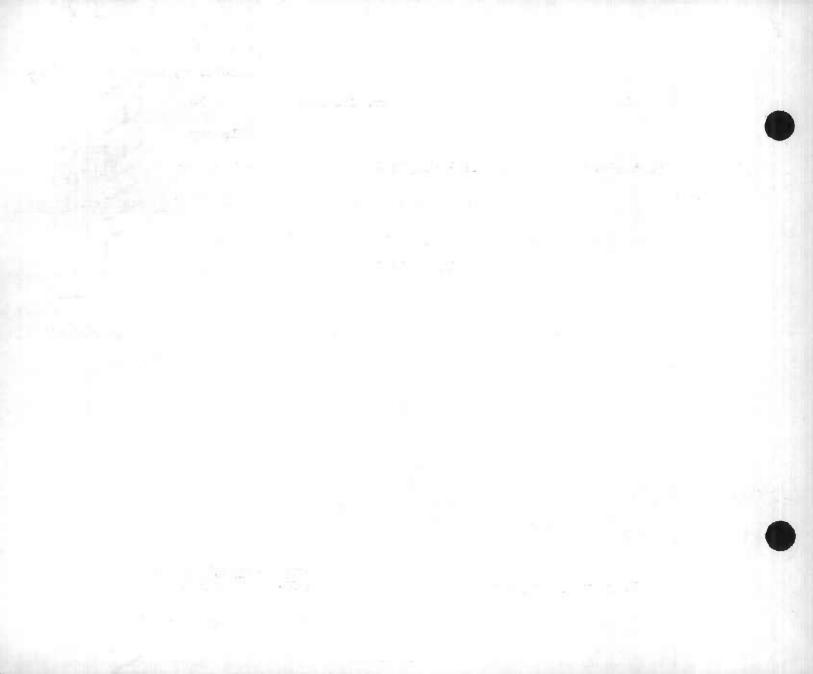
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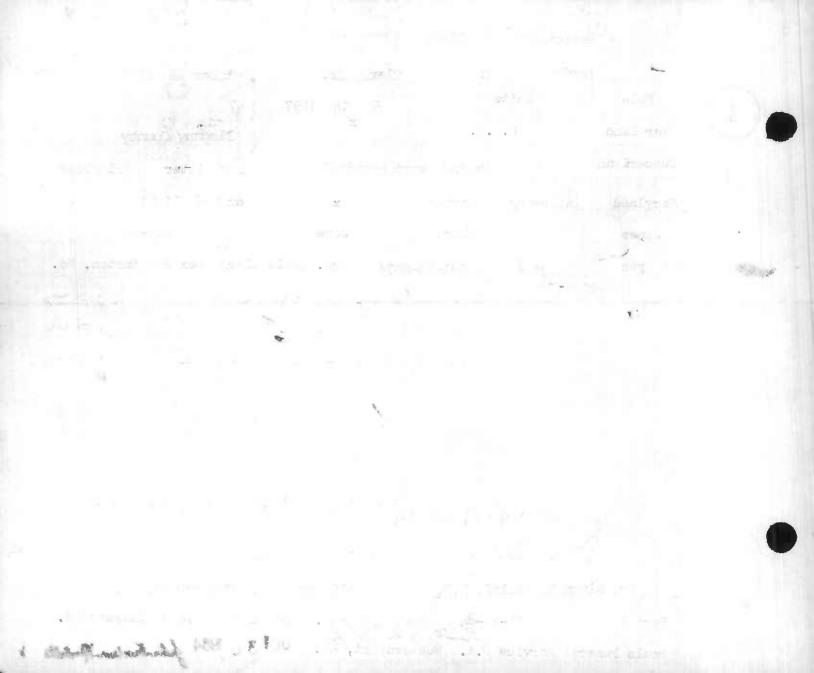
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME KNOWN (TYPE OR PRINT) CORDILIA ESTI-MAY BRANSON DEATH MATED 4. RACE IF UNDER 24 HRS 2d. HOUR DATE PRONOUNCED 31,1984 8:55 White Female. DEAD April 7.1901 BIRTHPLACE (STATE OF CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maruland U.S.A. Allegany WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Sacred Heart Hospital Homemaker Cumberland Home UAL RESIDENCE (IF IN NURSING ROME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY CIMITS? 13e STREET ADDRESS Route #3. Box 388 126726 Mineral YES X Keuser FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Houser Reed Emma 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 235-04-0634 Roy W. Branson-Address same as #13 above. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY EXSANGUINATION IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which RUPTURED AORTIC ANEURYSM gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 USED / 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CHIEF TOR: PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF I AND, 21201 PRIOR TO BURIA 9 YES NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 DIVISION OF HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY JATHOME 211. LOCATION PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK X 220. I certify that I taok charge of the remains described above, held an Autopsy Inspection death resulted fram: Notural causes Homicide \_\_\_\_ Undetermined monner TITLE (SPECIFY) DATE SIGNED 10/31/1984 MEDICAL EXAMINER EXAMINER'S NAME Giovanni -Mastrangelo, M.D. 900 Seton Dr., Cumberland, Md. 21502 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 11-3-84 Hillcrest Burial Park Cumberlar 24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A./ 250. DATE REC'D. BY REGISTRAR Cumberland-Allegany Co.-MD. DHMH - 17 202 Greene Street-Cumberland, Maryland 21502 NOV 9 (VR A15 ME (5)) 20M 4/B2

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CLEVELAND CAGE ASSI AND RESOTTO



DOMESTIC PURPLE HOLDER - VI - CONTROLLED CONTRACTOR 10 1000 SACRED LESSET HOSPITAL

		EASED NAME	FIRST		MIDDLE		OF MARYLAND EALTH AND MENTAL HY	20 DATE OF DEAT	H MONTH DA	AY YEAR	2b HOUR	
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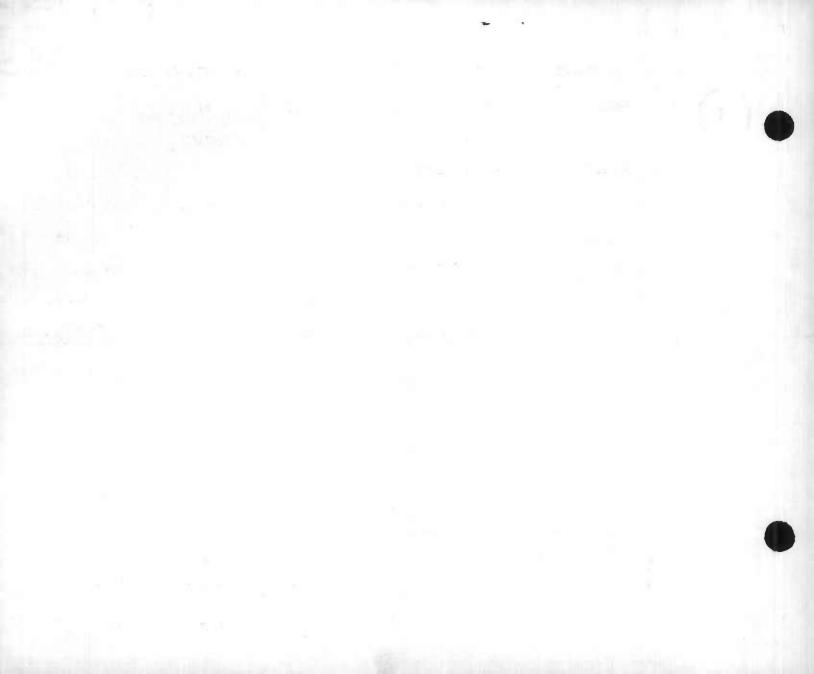
ASSESSMENT OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2a DATE OF DEATH 26 HOUR 1984 Devlin (TYPE OR PRINT) Harry J. Oct. 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 3. SEX White April 2011926 Male 58 Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE I STATE OF FOREIGN MARRIED NEVER MARRIED coulting Allegany WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTR'Cel.F Midland LIYPE OF WORK FOR MOST OF WORKING LIFE! Broad St. Safety Sup. Corp USUAL RESIDENCE 14 NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13a STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Allegany Midland Broad St. Midland. Md 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Stakem Bridget John Devlin 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) Mrs. Mary Devlin, Broad St., Midland, Md Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO YES [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d. INJURY OCCURRED 21e, PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a. | certify that (1) this haspital) attended the deceased from. sow the deceased alive in OCT.

above. (1) (we) (did) (did not) view the body after death. and that in (my) our) opinion death occurred an the date and have and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED 10-15-84 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME LIVE OF PRINT 22e ADDRESS Thomas J. Davlin 55 Jackson St., Longconias, and 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL em. 17,1984 St. Michaels 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

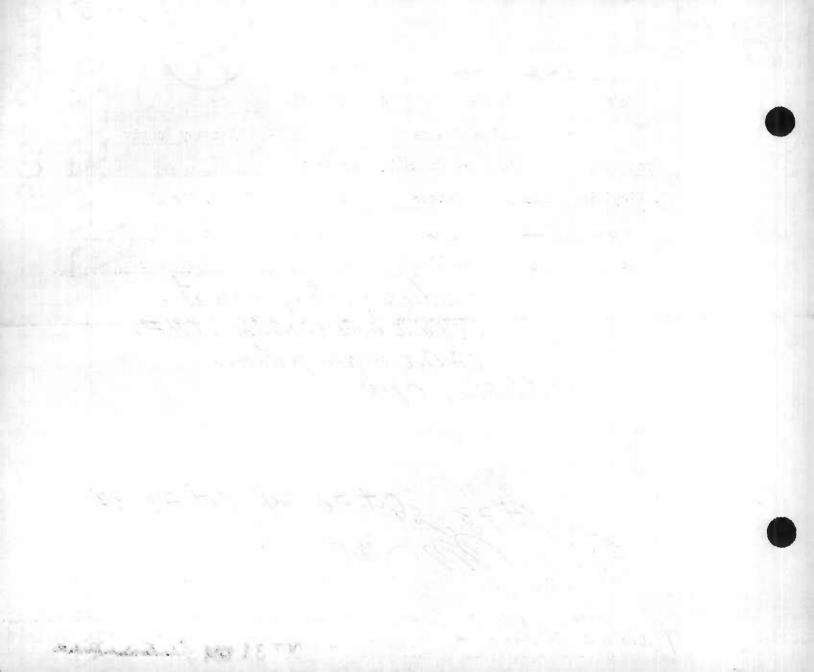


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STATE OF MARYLAND



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or execu-		(AS DECEASED EVER IN U.S. AR ES, NO ORUNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL (1884) 236 5	SECURITY NO.	James W	• Fazzal		Caroli eyser, N	
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ULMER V. FATVILOR SEL OCKOBER SE, 1984 N. 7:52 A Wille April 30, 1599 YTHURO YAMPELIA .... I ALEST LATTERN TRANS CORDA Dischard man .te prompth to the team of the second by ringlo Formalore .eva konticati 1075 Caralina ava. To the little 230 Mt. danes w. anggalore keyeer, M.Va. DOBY B. REPURSANDE \_\_\_\_ VIEW NO-E SETON DRAWE CONCERNIO, NO 21502 Arrial . . of St Hotomes Man, Mardens Acyson Mineral M. JA. ATHER TO TAKE KINGSIN, N. VA.

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( SS )	A 59	3. SEX		4 RACE	S. DATE	OF BIRTH		I . AGE (IN)	EARS IF U	NDER 1 YE	R. IF UND	ER 24 HRS.	2c. DATE		MONTH	DAY	YEAR	2d. HOUR
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AL EXAMINER: TI	EXECUTE THE CERTIFICATE, WRI PAGE A SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		220 I certification of the contraction of the certification of the certi	fy that I took of	harge of the Natural cause		Accident		Auto Suicide	], Ho	Inspections Inspections Inspection Inspectio	V	Inquiry etermined m	nanner _	ond in my ], DAT SIG	TE .	10-4-	1984
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186 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO   17. INFORMANT   ADDRESS   186 SOCIAL SECURITY NO   17. INFORMANT   18.	3 0 7 5	14 FA			MIDDLE	YONKE	ir.		NAME			DEÂ	ST VEEN
Is CAUSE OF DEATH lenter only one couse per line for (o), (b), and (c.)	5 0								FLETCH			e as l	3a-e.
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT SIGNIFICANT CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT SIGNIFICANT CONTRIBUTION CONTRIBUTI	of the death certing y the ottending par remove carbon cremotion, or renother troumatic ev		Conditions, if ony, gove rise to imm couse (a), statin	which mediate ig the	DUE TO	, OR AS A CONS	EOUENCE OF	e Hear	'din	7			
OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE  OF CONTRIBUTIN	he low requires on. hos been signed t permit. Then pl rene prior to burn ows ony injury, o	TIFICATION	Organ	vic-	670	ani s	yndro	me with	de 120	menti	20b. IF YE	S, WERE FIND FYING CAUSE	INGS USED S OF DEATH?
220. I certify that (I) (this hospital) attended the deceased from 3-1-19 to 19 to 1	PHYSICIAN: tending phys this certifica he buriol-trai nd Mental Hy		OR CONTRIBUTING C	CAUSE OF DEA	HOUR 21e. PLA	P.M. CE OF INJURY	19	211 LOCATION	CCURRED (				STATE
TE TO SELECTION OF THE CONTRIBUTION OF THE CON	ATTENDIN hospital or		22a.1 certify that (1) sow the decease above, (1) (we) (c	(this hospi		0-12	ph . 1	DEGREE		135			
O t V E \ See	by the By the ERAL se deta		22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)		1	PHYSICI.	AN DIR	ECTOR PHYS	SICIAN [		21502

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 236 DATE 10/15/84 BURIAL

(SPECIFY)

23c NAME OF CEMETERY OR CREMATORY PLAINS

23d LOCATION

10-12-84

HOME, INC. 21502 24. FUNERAL DIRECTOR

Sulia Davidson Pandale

THE LOSS CONTROL OF THE PARTY O THE PROPERTY OF THE PARTY OF TH And the same and the second of 100 is the first of the second of the second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH MONTH 1. DECEASED NAME 2h HOUR LIYPE OR PRINTS 1:45p **EDNA** PEARL FRANKENBERRY October 13. 1984 & AGE LIN YEARS LAST BIRTHDAY 4 RACE 5 DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS 1. SEX 06-12-1915 female white 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY COUNTRYD MARRIED NEVER MARRIED USA WIDOWED DIVORCED Allegany 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) housekeeping dept. college Cumberland. Memorial Hospital USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Allegany Rt. 1 Box 225 Mt. Savage 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME George LeGeer Christina Stein 166 SOCIAL SECURITY NO 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? I HE YES, GIVE WAR OR DATES! Joseph P. Frankenberry, Mt. Savage, MD -son 216-22-5758 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) USING ALVEOLITIS PART I. DEATH WAS CAUSED BY DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21e PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM, ETC. I.

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21f LOCATION CITY OF TOWN

NOT WHILE 228 I certify that (1) (this haspital) attended the deceased from\_ above, (1) (we) (did) (did not) view the body after death

and that in (my) (our) opinion death occurred on the date and have and from the causes stated 22c DATE SIGNED

NOF

224 PHYSICIAN'S NAME LITTE OF PRINT

(IF FITHER NOTIFY MEDIC ALEXAMINER) 21d INJURY OCCURRED

> ATTENDING MEDICAL STAFF
> PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Memorial Hospital Medical Building Cumberland, MD 21502

> > 23d LOCATION

Dr. William Lamm 23a. BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

Burial

23b. DATE 10-16-84 23c NAME OF CEMETERY OR CREMATORY Mt. Savage U.M.E. Ch.

DEGREE

Mt. Savage Allegany MD

24 FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, MD 21502

DHMH - 16 50M 4/83 (VRA 15, 4)

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

NO [

COUNTY



James F. Scarpelli, Cumberland, MD 21502

FOR STATE

DHMH - 16 50M 4/83 (VRA 15, 4) REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

REG. NO

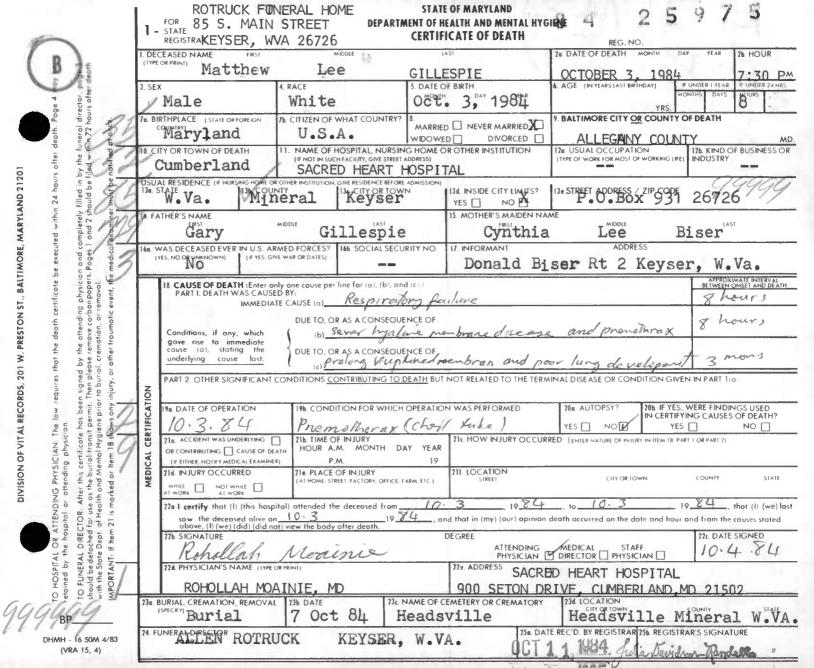


4	1-	FOR STATE		DEPARTMENT OF H		MENTAL H		2 5	9	7 3	
5		REGISTRAR	ME	DICAL EXAMINI	ER'S CERTI	FICATE O	FDEATH	REG. NO.			
Stanfort SQ +-		CEASED NAME FIRST ROS	setta	MIDDLE	Frit	end	OF	ESTI- MATED	MONTH DA	1 19	OUR
PY, RE DIRECTO	3. SE		5. DATE OF BIRTH	XEAR 6. AGE (IN YEAR LAST BIRTHDA'	MONTHS DAY		24 HRS. 2c. DATE MIN. PRONOUN DEAD	NCED	10 G		1948 55m
WITH STATE OF THE	FC	RTHPLACE (STATE OR DREIGN COUNTRY)	USA	HAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIE DIVORCE	D Al	legany		FDEATH	MD.
ELAY IS TO THE F PAGE S 201 V		2 umberland	Memori	SPITAL, NURSING HOME, ACILITY, GIVE STREET ADDRESS) al Hospital		TITUTION	12a USUAL OCCUP FOR MOST OF WOR Student	KING LIFE)		KIND OF BUSINES OR INDUSTRY igh School	
00500	USU	AL RESIDENCE   IF IN NURSING HOM	e or other institution, G Pagany Legany	13c. CTY OR TOWN	N) 13d. 1NSI YES (	IDE CITY LIMITS?	130 RTREET ADDRE	.s Willia	ams Ro	ad 2150	2
DEATH BEST		ATHER'S NAME FIRST Edward	Michael	Friend	SR	Mary	M	rgaret	1	aGra Ha	
L. BALTIMORE, MD URS AFTER DEATH URS AFTER DEATH URS AFTER DEATH WITH FORM PM TI. PAGES I AND TIL PAGES I AND TIL PAGES I AND TIL PAGES I AND	160	VAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166. SOCIAL SECURITY		dward M	. Friend,	Cumber	rland,	MD - fat	the
DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WARD. "PENDING" IN PENCIL IN 1EM 18, GIVE PAGES 1, AND RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3E 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL PROPERTY.  OUT PRICOR TO BURIAL, CREMATION, OR REMOVAL.	7	Canditians, if any, white gave rise to immedia cause (a) stating the under	DUE TO, OR	ead Inju	end b	vith m	nassive item co	m pres	SOF	APPROXIMÄTE INTERVETWEEN ONSET AND DI	FATH
RECORDS, 201 D BE EXECUTED ENDING" IN F MEDICAL EXA MEDICAL EXA AS A BURIAL FALTH AND MI	NO	lying cause last.  PART 2 OTHER SIGNIFICANT CONDITIO	(c)	BUT NOT RELATED TO THE TERMIN	acc)		T 1 (a)				
VITAL RECOI SHOULD BE I ORD "PENDII CHIEF MEDI CHIEF MEDI T TO FHEALTH- URAL, CREA	CERTIFICATION	196 DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERA	ITION WAS PERF	FORMED?			20	YES NO	
DIVISION OF VITAL THIS CERTIFICATE SHOU S. WRITING THE WORD " WARDED TO THE CHIEF PAGE 3 SHOULD BE USE STATE DEPARTMENT OF H 21201 PRIOR TO BURIAN 21201 P		710 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH P.A	A. MONTH DAY YEAR			) (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	RT 1 OR PART 2)		
DIVISI WRITING WARDED PAGE 3 SI FATE DEP	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)	211 LOCATION STREET	٧	CITY OF TO	WN	COUNTY	SI	TATE
TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P	7	220. I certify that I took cho death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)	rige of the remains de trural causes , , , , , , , , , , , , , , , , , ,	scribed above, held an Accident D, Suic		Inspection omicide	Undetermined mo	anner .	DATE SIGNED	10-6-8	4
BP A B A B A B A B A B A B A B A B A B A		URIAL, CREMATION, REMOVAL	10-10-84	23c. NAME OF CEM Davis Mem			23d LOCATION CITY OR TOWN Cumber 1:	and All	county	MD STATE	Z
DHMH - 17 (VR A15 ME (5)) 20M 4/82	24 F	SCAPELL'S	Funeral	Home.		OCT	EC'D BY REGISTRA	R 256 REGIST	RAR'S SIGN.	ature ndell	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) CATHARINE RUTH FULLER 1984 OCTOBER 19TH 2:07 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR HOURS DAYS 1905 SEVENTY-NINE YRS FEMALE CAUCASION BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY 7g. BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED ALLEGANY COUNTY CUMBERLAND Maryland USA WIDOWED IL CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR Cumberland Memorial Hospital TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker CUMBERI AND BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Allegany Corriganville 134. INSIDE CITY LIMITS? Bex 917 21524 Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ida. MIDDLE Wineland Harvey Burley IL INFORMANT Shirley Robertson, Box 91, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) Corriganville 24Md (IF YES, GIVE WAR OR DATES) IL CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY 201 W. PRESTON ST., IMMEDIATE CAUSE to couse to stating DUE TO C underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19n DATE OF OPERATION 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 2) e PLACE OF INJURY 211. LOCATION 21d INJURY OCCURRED arked ar (AT HOME, STREET, FACTORY, OFFICE, 144) CITY OR TOWN COUNTY STATE AT WORK 22a.1 certify th und that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING . MEDICAL should be deta with the State [ DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22e ADDRESS Cumberland Memorial Hosp, Cumberland, Md DR. TERRY WILLIAMS 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 10/22/8 Burial Restlawn Mem. Park LaVale, Allegany, Md 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Harvey H. Zeigler Hyndman, pa. 15545 (VR A 15 (4))

STATE OF MARYLAND

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DHMH - 16 50M 4/ (VRA 15, 4)

1 - STATE REGISTRAR PI	BOX 26	57 GRANT	SVILLE.	Markini	CALL OF PERTIN	REG. N	-	/ (/	2
1 DECEASED NAME	FIRST	, O. 4 4 1	MIDDLE	1/	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26	. HOUR
(TYPE OR PRINT)	HENR'	Y R	ΑY	GLAS	SS	OCTOBER 1	1,1984		4:00P
3. SEX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR			UNDER 24 HRS
Male		Whit	te	Mar.	12. 1899 YEAR	85	YRS.	DAYS H	OURS MIN.
To BIRTHPLACE (STA	TE OR FOREIGN		WHAT COUNTRY	2 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH	
Maryland		USA	Α	WIDOWE		ALLEGANY	COUNTY		M
Cumberlar		11. NAME OF A	HOSPITAL, NURS THE FACILITY, GIVE STREE DHEART	ING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Farmer	OF WORKING LIFE) IND	KIND OF B USTRY armir	USINESS O
USUAL RESIDENCE	NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFO	ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
Maryland	Garr		Acciden		YES NO X	Rt. 2, Box		e Rd.	21520
14 FATHER'S NAME		WIDDLE	IAST		15 MOTHER'S MAIDEN NA			IAST	
Ananias			Glass		Matilda		Mil1		
160 WAS DECEASED	EVER IN U.S. AR		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR			37
No	N) (IF TES, GIV	VE WAR OR DATES)	214-10-	4718	Elizabeth Ge	ertrude Glas	s, Accide	ent, 1	1D2152
		TE CAUSE (a)	>1/n	16.7					
Conditions, if gave rise to cause (a), underlying	any, which immediate stating the cause last	DUE TO, O	R AS A CONSEQ R AS A CONSEQ	Jahc UENCE OF	< brain	Bu to	luafo		
gave rise to cause (a), underlying	any, which immediate stating the cause last	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO	R AS A CONSEQ	UENCE OF DEATH BUT	Ce of Color of the term	MIN AL DISEASE OR CON	20b. IF YES, WERE	FINDING AUSES OF	DEATH?
gave rise to cause (a), underlying  PART 2. OTHER  196 DATE OF O	any, which immediate stating the cause last SIGNIFICANT (	DUE TO, O  (b)  DUE TO, OI  (c)  CONDITIONS CO	R AS A CONSEQ ONTRIBUTING TO	UENCE OF DEATH BUT	NOT RELATED TO THE TER/	200 AUTOPSY?  YES NO	206. IF YES, WERE IN CERTIFYING C	FINDING AUSES OF	
gave rise to cause (10), underlying  PART 2. OTHER  19a DATE OF O  21a. ACCIDENT W  OR CONTRIBUTING	any, which immediate stating the cause last SIGNIFICANT (	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO  19b. COND  19b. TIME O  HOUR A.	R AS A CONSEQ DITRIBUTING TO ITION FOR WHICE OF INJURY M. MONTH	DEATH BUT	< b rain NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO	206. IF YES, WERE IN CERTIFYING C	FINDING AUSES OF	DEATH?
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PART 2. OTHER  OR DATE OF O  210. ACCIDENT W  OR CONTRIBUTION (IF EITHER NOTH  220. I certify the  sow the di  above, (1)	any, which immediate stating the cause last SIGNIFICANT ( SIGNIFICANT ( SIGNIFICANT ( COURTON CAUSE OF DE Y MEDICAL EXAMINE) COURTON C	DUE TO, O  (b)  DUE TO, O  (c)  19b. COND  19b. COND  ATH  P.  21e. PLACE  (AT HOME STE	ONTRIBUTING TO	DEATH BUT  TH OPERATION  DAY YEAR  19  E FARM ETC 1	NOT RELATED TO THE TER/ N WAS PERFORMED  21c HOW INJURY OCCUP  21f LOCATION STREET  19  and that in (my) (our) apinion	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURY)	20b. IF YES, WERE IN CERTIFYING C YES   JRY IN ITEM 18 PART 1 OR  DWN COL	PART 2) UNITY  am the con	STATE  STATE  of (1) (we) louses stated
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1	FOR STATE REGISTRAR	DEPARTI	CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST CECT!	L RUDELL	GOFF	20. DATE OF DEATH MONTH	14 84 1921HA
3. S	MALE	CAUSC,	S. DATE OF BIRTH  MONTH DAY YEAR  11 06 11	6 AGE (IN YEARS LAST BIRTHDAY) 72 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
56 7a	BIRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DNORCED	9. BALTIMORE CITY OR COUNT ALLEGANY CO	
50	CUMBERLAND	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET CUMB MEMOR	IG HOME OR OTHER INSTITUTION ADDRESS) I AL HOSPITAL	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY  Equip. operator
130	MD AL1	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  130. CITY OR TOW  CUMBE	RLAND YES NO 1	13e.STREET ADDRESS / ZIP COD 54 S CUNNINGH	
(x)//	Leonard Coff	MIDDLE LAST		May Weaver	D 21502
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN)   1 IF YES, GIV	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 217–22–099		ADDRESS ORIAL HOSPITAL	APPROUNATE INTERVAL BETWEEN INNET AND DEATH
other troumatic event, th	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DBY: IE CAUSE (a) CARDIO  DUE TO, OR AS A CONSEQUI  (b) DUE TO, OR AS A CONSEQUI		LY ARREST	
٠ خ		(c)CONDITIONS CONTRIBUTING TO (	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
- / //		HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED [ENTER NATURE OF INJURY IN ITEM 18	PART 6 OR PART 2)
MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
×	saw the deceosed alive an abave, (1) (we) (did) (did no	tal) attended the deceased fram	, and that in (my) (aur) apinion	death occurred on the date and ho	1
ANT.: #	226. SIGNATURE	OR PRINT)	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	10/15/84
IMPORTANT	BURIAL, CREMATION, REMOVAL	0	NAME OF CEMETERY OR CREMATORY	23d LOCATION	C
- 24	Burial FUNERAL DIRECTOR	10-17-84 Pot	comac Memorial Cardens	Keyser Minera	
4/83	NAME	lli, Cumberland,		TERECO BY REGISTRAR 256 REGIS	Adon-Aandale

STATE OF MARYLAND

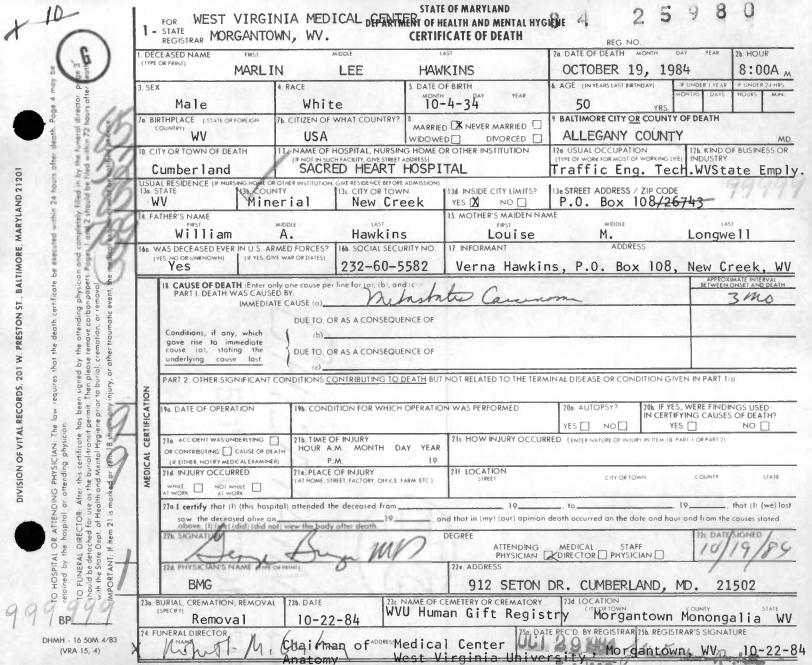
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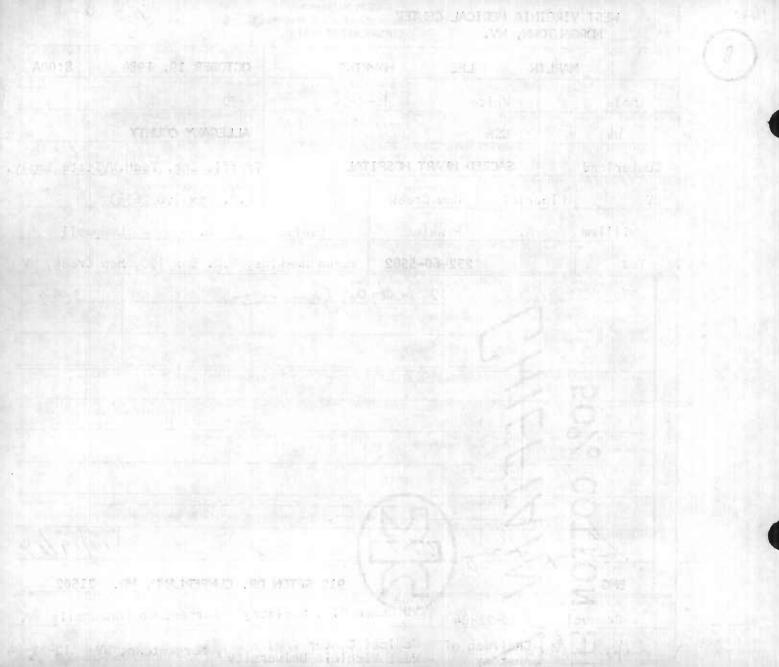
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN I. DECEASED NAME (TYPE OR PRINT) RHODA HARDY DEATH MATED ANTTA 4. RACE AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS. 24. DATE LAST BIRTHDAY) PRONOUNCED 0247 10 29 84 81 CAHC 10 05 03 FEMALE Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED X NEVER MARRIED Mary Land USA ALLEGANY COUNTY WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cumberland Housewife MEMORIAL HOSPITAL In Own Home USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 113h COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 18. GIVE PAGES 1, 2, AM WITH FORM PM 3. REI IT. PAGES 1 AND 2 SHOW DIVISION OF VITAL RED 808 Sylvan Avenue YES C Maryland Allegany Cumberland 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME John J. Grimm Elizabeth Lavin 17. INFORMANT Daughter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO Miss Susan A. Hardy. Cumberland. Md. 212-10-0314 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, Cardio-Pulmonary arrest sudden IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which (b) Cardiac arrythemia gave rise to immediate cause (a) stating the under-DUE TO OR AS A CONSEQUENCE OF lying cause last. Hypertensive cardio-vascular heart disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CRETIFICATE, WRITING THE WORD "PEROGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURBLA. 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR LINDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY CATHOME 211 LOCATION STREET, FACTORY, FARM FIC Y STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that I taak charge at the remains described above, held an Autapsy and in my apinian death resulted Iram: Suicide Hamicide Undetermined manner Natural causes TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME Paul Snow, M.D. Memorial Hospital (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 10-31-1984 Sunset Memorial Park Cumberland, Allegany, BP 24. FUNERAL DIRECTOR **DHMH - 17** James F. Scarpelli, Cumberland, Md. 21502 (VR A15 ME (5)) 20M 4/B2

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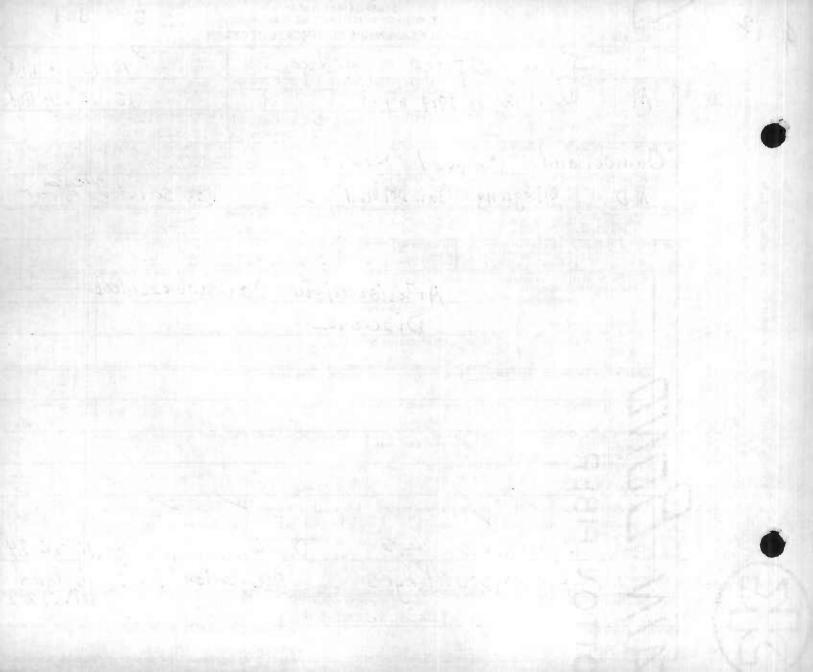
STATE OF MARYLAND

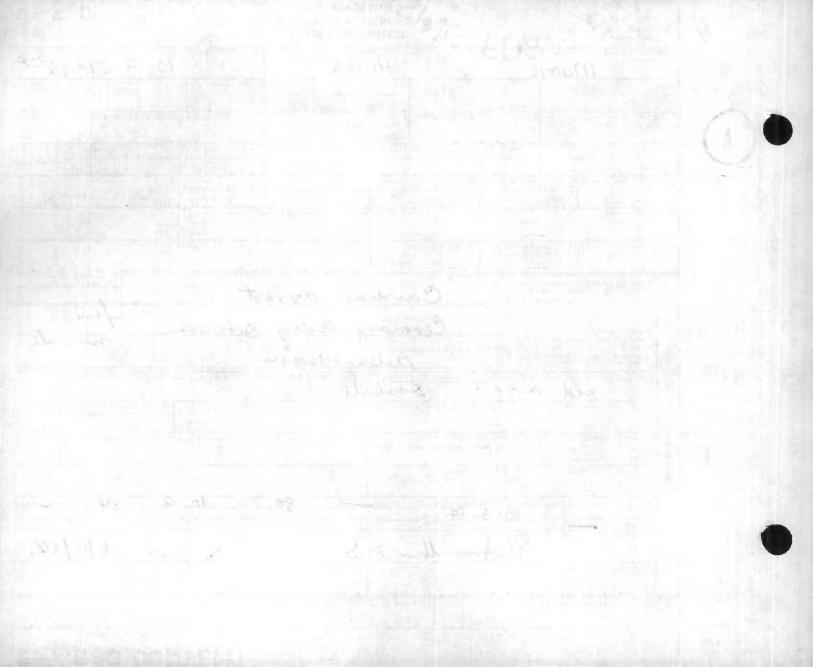






1	11-	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 5	981
y	1.00	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
w W	(TY	CEASED NAME PE OR PRINT)  FIRST	n 5 priga Hedore 120 DATE KNOWN OF MONI OF ESTI- DEATH MATED //	1
PLEASE FILES	3. SE	X A 14 RACE	MONT	12 19 84 11:10 H DAY YEAR 26 HO
- SE		MW	MONTH DAY YEAR LASY BRITHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 10	12 10 84 11:40
IS NECESSARY E FUNE E 5 FG ED, WITHIN	5 "	IRTHPLACE (STATE OR DREIGN COUNTRY)	USA WIDOWED DIVORCED Allegany	^
ESES P	2. 10.0	um berland	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOTH SUCH FACILITY, GIVE STREET ADDRESS)  SACYED  120. USUAL OCCUPATION (TYPE OF WORLD) FOR MOST OF WORKING LIFE) TETTED—CLETK	or industry railroad
VITAL RECORDS, 201	13a. 3		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITY EGANY UNDER AND 130. INSIDE (ITY CIMITS? 208 SAYAR	sa street
1 <	14. F	ATHER'S NAME FRSTJohn S. Hedg	ges, Sr.  IS. MOTHER'S MAIDEN NAME ELizabeth C. Stonebrake:	LAST
SIONO	160.	WAS DECEASED EVER IN U.S. AR		MD - wife
DISE AS BURIAL FRANSIT FERMIT PAGES 1 AND OF HEALTH AND MENTAL HYGIENE, DIVISION OF VIT	NOIL	cause (a) stating the under lying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS  180. DATE OF OPERATION	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  [19]. CONDITION FOR WHICH OPERATION WAS PERFORMED?	In Auxobous
URIAL,	CERTIFICATION	196. DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
E STATE DEPARTMENT OF HEA D, 21201 PRIOR TO BURIAL, C		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	R PART 2)
1201 PR	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION  STREET  CITY OR TOWN	COUNTY STATE
AFTER DEATH, WITH THE STA	7		MAISON ROUSE gon Seton Dr. A	TE 10-12-84
TO FUNERA AFTER DEATH BALTIMORE,	23a.1	SPECIFY)  LT1al	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CHYOR TOWN CUMBERLAND Allega	OUNT MD
1MH - 17 A15 ME (5))		UNERAL DIRECTOR NAME James F. Scarpe	ADDRESS  ADDRESS  Li, Cumberland, MD 21502  250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR	SSIGNATURE





STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH

	REGISTRAR		461411	TAIL OF BEATTI	REG. NO.		
1	I. DECEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH M	SONTH DAY YEAR	26 HQUR4 5
	ROBERTA	ELLEN	JENE	KINS	OCTOBER 21	, 1984	р.м
3	3. SEX 4	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	MONTHS DAY	
L	FEMALE	white	JULY	3, 1909 YEAR	75	YRS.	NOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY	Y? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
1	PA	USA	WIDOWE		ALLEGANY		MD.
1	10 CITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE</li> </ol>		OR OTHER INSTITUTION	12a USUAL OCCUPATIO		OF BUSINESS OR
4		MEMORIAL HOSPI	TAL & N	MEDICAL CENTER		own	
	USUAL RESIDENCE (IF NURSING HOME OR O 130. STATE 13b. COUNT	Y 13c. CITY OR TO	NWC	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2		
A		egany Cumber	rland	YES NO		11 Street/	21502
3	14 FATHER'S NAME	IDDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		AST
4	Michael Jose			Martha	Elizabeth N		A31
T	160 WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRES	5	
ı	(YES, NO OR UNKNOWN) (IF YES, GIVE Y	war OR DATES) 216-22	-5691	Floyd E. Jer	nkins. Cumbe	rland, MD	- husband
F	18 CAUSE OF DEATH (Enter only	one couse per line for (a) (b)	and (c)		The second		XIMATE INTERVAL N ONSET AND DEATH
ı	PART I. DE ATH WAS CAUSED	BY A	Lamon	an anse	~	de i wee	N ONSET AND DEATH
1	IMMEDIATE	CAUSE (6)	0-77-11	1		77.1	7700000
ı		DUE TO, OR AS A CONSEC	DUENCE OF	1			
ł	Conditions, if ony, which	(b)					
1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DIENCE OF				
1	underlying couse lost.	DOE TO, OK AS A CONSEC	JOENCE OF				
1	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERMI	IN ALDISEASE OR CONDI	TION GIVEN IN PART	lin
		6 I shua		THE TENNE	I TAL DISEASE ON COND	THO TO THE TO THE TAKE	
1	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED		206. IF YES, WERE FINE	
	JH.				YES NO	IN CERTIFYING CAUSE YES	NO [
7	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2	
	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19				
1	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	21e PLACE OF INJURY	- 17	211 LOCATION			
1	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFK	E FARM ETC )	STREET	CITY OR TOW	N COUNTY	STATE
1	228 I certify that (this haspita	all attended the deceased from	9	127 10 84	10 /N2/	10 84	. that ( we) lost
ı	sow the deceased alive on	10/12	CIA	nd that in my our) apinion d	leath occurred on the date		-
1	obove (1) (ve) (did) (did not)	yew the body offer deoth.		DEGREF		22c DA	TE SIGNED
	assa	lles	7	ATTENDING PHYSICIAN	MEDICAL STAFF	2.3	-curry
٦	224. PHYSICIAN'S NAME (TYPE OR	PRINT		Tee Indiana	REDERICK ST		
1	DR. ANTHONY BO	LLINO			RLAND, MD 2		
1	23a BURIAL, CREMATION, REMOVAL	23b. DATE 23	L NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	Burial	10-24-84	St. Ma:	ry Cemetery		d Allegany	

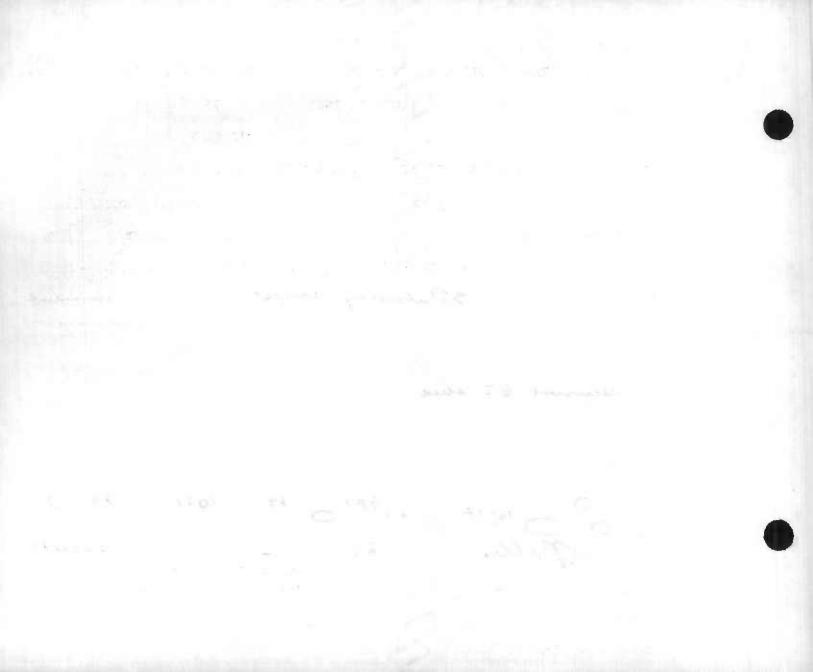
DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If hem 21 is should be detached for with the State Dept of

St. Mary Cemetery | Cumpe James F. Scarpelli, Cumberland, MD 21502

10-24-84

Cumberland nd Allegany MD 1256 REGISTRAR'S SIGNATURE LAW (MOSON-Randa)





( B		CEASED NAME FIRST OR PRINT)  IZETTA		LENORA		ESSIE		OCTOBER :			26 HOUR 12:20 F
rs ofter	3 SEX	emale	4 RACE Blac	k	5. DATE O	DAY	1923	6. AGE (IN YEARS LAST BII		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
85	7a. Bi	RTHPLACE (STATE ORFOREIGN West Virginia	U.S.A.	WHAT COUNTRY?	MARRIED WIDOWE	NEVER MA	RRIED D	9 BALTIMORE CITY O			M
32	Cu	TY OR TOWN OF DEATH  mberland	SACRE	HOSPITAL, NURSING THEART H	OSPIT		UTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Ret. Gov	OF WORKING LIFE)		Govt.
our p	13a. S We	AL RESIDENCE (# NURSING NOME OF TATE 136 COUR st Virginia Mir	NTY	13c. CITY OR TOWN Piedmont	N I			13. STREET ADDRESS 24 Jones	St. ZIP CODE	6750	288
100		THER'S NAME FIRST <b>ennis</b>	MIDDLE	Taylor		Marth	ha	MIDDLE	ashingt	on IA	51
medicol		VAS DECEASED EVER IN U.S. AR (15 NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? VE WAR OR DATES!	16b. SOCIAL SECUR	RITY NO.	Mrs. Ma		Washington		nont,	W.Va.
roumofic eve		Conditions, if any, which	TE CAUSE (o)	S Charas A CONSTOUR	/1	Slip 7 Ca	CK	endona	edrium	BETWEEN	umate interval Onset and death
Sany injury, or other troumotic eve	ICATION	IMMEDIA	TE CAUSE (0)  DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO	IR AS A CONSEQUE	NCE OF A			NAL DISEASE OR COM	ZOb. IF YES.	N IN PART 1	0:
יייי אייייי אייייי אייייי אייייי איייייי	CAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	TE CAUSE (0)  DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO  19b. COND  19b. COND  HOUR A.	ONTRIBUTING TO D	NCE OF A	N WAS PERFORA	MED		20b. IF YES, IN CERTIFY YES	WERE FINDI	o:
18 shows	MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO  19b. COND  19b. COND  AIH  R)  21b. TIME C  HOUR A.  P.  21e. PLACE	ONTRIBUTING TO D	NCE OF NCE OF OPERATION	N WAS PERFORA	MED URY OCCURRI	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDI	O S USED S OF DEATH?
2 shows		Conditions, if any, which gove rise to immediate cause (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT (19th DATE OF OPERATION 21st ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJUSTY OCCURRED WHILE NOTIFY MEDICAL WHILE	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO  19b. COND  19b. COND  21b. TIME C HOUR A. AIH P. 21e. PLACE (AT HOME. ST)  ittol) ottended the	ONTRIBUTING TO D  ONTRIBUTING TO D	NCE OF NCE OF NCE OF OPERATION  AY YEAR  19 ARM, ETC.)	211 LOCATION SIREET	MED  URY OCCURRI	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PAR	WERE FINDI ING CAUSE:	NGS USED S OF DEATH? NO STATE
NT: If them 21 is morked or fem 18 shows		Conditions, if any, which gove rise to immediate cause iol, stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTHY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (this hasp say the deceased alive or say the deceased of the or say the or say the deceased of the or say the or	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO  19b. COND  19b. COND  21b. TIME CO HOUR A  P.  21e. PLACE (AT HOME. STI	ONTRIBUTING TO D  ONTRIBUTING TO D	NCE OF NCE OF NCE OF OPERATION  AY YEAR  19 ARM, ETC.)	21c HOW INJU	URY OCCURRI	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, IN CERTIFY YES  OWN  7. 14  John Tem 18 PAR	WERE FINDI ING CAUSE:	O: NGS USED S OF DEATH? NO  STATE that (I) (we) los couses stated
should be detached for use as the buriol-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or remiMPORTANT: If them 21 is marked or ferm, 18 showfrany injury, or other traumatic eve	MEDICAL	Conditions, if any, which gove rise to immediate cause iol, stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTHY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHITE NOTWHITE AT WORK  22d. I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did not 22b. SIGNATURE)	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO  19b. COND  19b. COND  21b. TIME CO HOUR A.  RI  21e. PLACE (AI HOME. STI  itiol) ottended the continuous the body  OR PRINT)  NA ME	OF INJURY REEL FACTORY, OFFICE, FA	NCE OF NC	211 LOCATION SIREET  DEGREE  ATT PH  22e ADDRESS	URY OCCURRI	YES NO CITY OR JU	20b. IF YES, IN CERTIFY YES  OWN  Z. I Gote and hour of the condition of t	WERE FINDING CAUSE:  COUNTY  9 8 4 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	NGS USED S OF DEATH? NO STATE  that (I) (we) le couses stated  SIGNED

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Silcox-Merritt Funeral Service Cumb Md 21502001

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B3

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO.

26 HOUR

8:25

12b. KIND OF BUSINESS OF

Munford

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

84

IF UNDER I YEAR

INDUSTRY

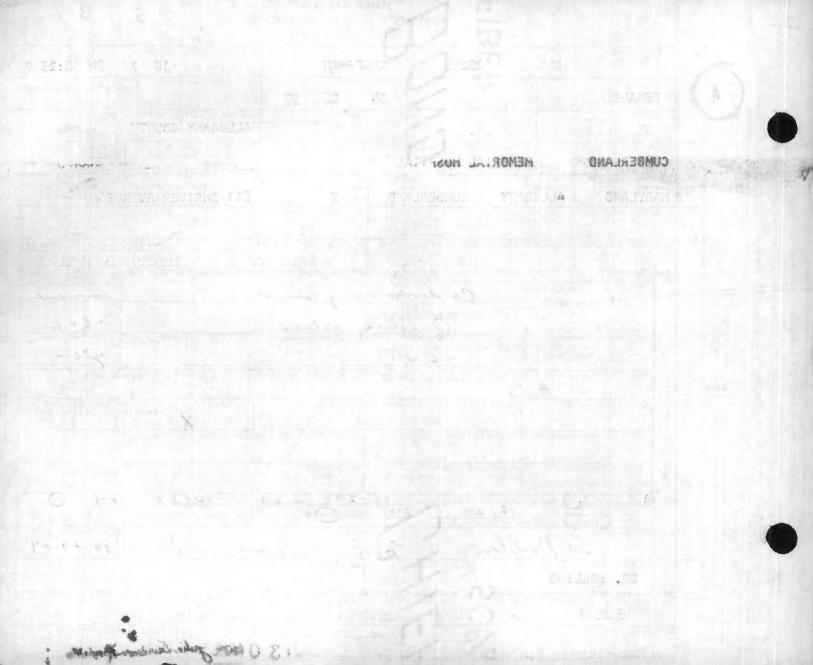
COUNTY

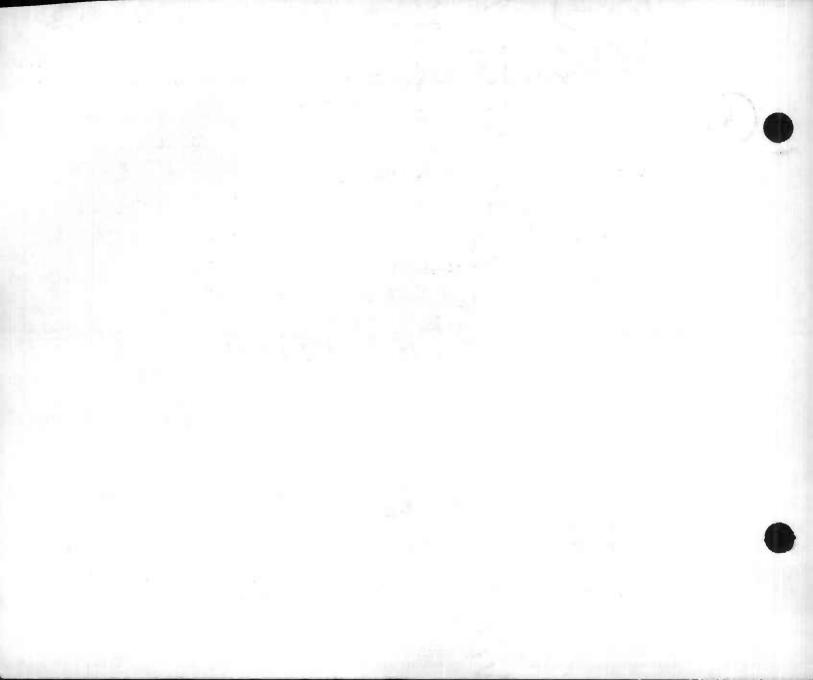
404 Decatur St 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

10-27-84

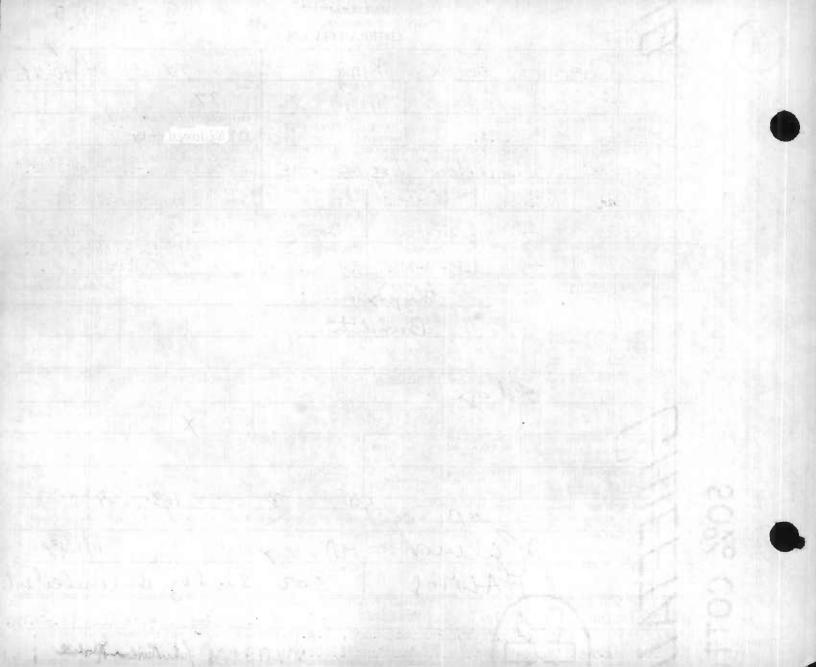
Laundry





STATE OF MARYLAND

$\overline{B}$			FOR STATE REGISTRAR			DEPARTA	CERTIF	EALTH AND ICATE OF I	MENTAL HYG DEATH		EG. NO.	TH DAY	YEAR / 2	h HOUR
may te page 3			CEASED NAME OR PRINT)			raffer	S. DATE C	IN G			10	31	84 DER I YEAR	10:30; FUNDER 24 HR
Page 4 mc director, p	N		F		White		MONTH	17	86	97		YRS.		1OURS MIR
	2	(	OUNTRY)	OREIGN 7		WHAT COUNTRY?		D NEVER		9 BALTIMORE	- 10.00		DEATH	
death. funeral thin 72	2		Maryland TY OR TOWN OF DEA	TH 1	U.S.A	OSPITAL, NURSIN	WIDOWE	DE OTHER INS	VORCED	Allegar		1.1	2b. KIND OF I	BUSINESS C
by the fur	Porffie	C	umberland		CIP DE	R ON	ADDIESSI .	ins h	6mE	Cafeter		rking life) In	NDUSTRY A	lfega
filled in auld be	A Property	13e. S	AL RESIDENCE (IF NURSI TATE	136 COUNT	other institution.	136 CITY OR TOW Cumberl	and	13d. INSIDE C	NO [	13e STREET ADD 204 Wa	shing	ton Sa	t./215	02
campletely	//		THER'S NAME William		IDDLE	Shaffe			S MAIDEN NAI	ME	DDLE		Schu	
d can	0		/AS DECEASED EVER		ED FORCES?	166 SOCIAL SECU		17 INFORM	ANT		ADDRESS	506 W	ashing	tonSt
be executed and and and and and and and and and an	medi		NO	(IFTES, GIVE	- WAR OR DATES!	212-38-7	465	Rober	t Kina			Cumbe	rland,	
ificate be physician npapers. F maval.	¥/		18 CAUSE OF DEATH	H (Enter only	one couse per	line for (a), (b), gn	d (c), )	1					BETWEEN ON	SET AND DEA
r remo	> >			IMMEDIATE		Su	my	ua						
ires that the gned by the n please ren burial, crem	ry, ar ather		gove rise to imm couse (o), statin underlying couse	lost.	(c)	R AS A CONSEQUE		NOT RELATED	O TO THE TERM	INAL DISEASE OF	R CONDITI	ON GIVEN II	N PART 1(0)	
requirents	à vi	TION		C	Rdo	HON FOR WHICH	OPERATIO	NAME OF DECISION OF THE OWNER OWNER OF THE OWNER O	20.450	20a AUTOPSY	2 120	L IE VEC \A/E	RE FINDING	C UCED
an. has be t permit	Shows any	CERTIFICATION	190 DATE OF OPERA	TION	. IN COND	HON FOR WHICH	OPERATIO	N WAS PERFO	DKWED				G CAUSES O	
SICIAN: The ng physiciar certificate h irial-transit ental Hygiei	1/2		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEAT			AY YEAR	21c. HOW It	NJURY OCCUR	RED (ENTER NATURE	OF INJURY IN	ITEM 18 PART 1	OR PART 2)	
PHYSI tending this ce the burn	ed or He	MEDICAL	21d INJURY OCCURE	RED	21e PLACE			211 LOCATI	ON	CI	TY OR TOWN		COUNTY	STATE
After as a solith o	narked	1	220.1 certify that (I)	RK —	1) attended th	e decented from	- 7	15	10 18	tn	101	3/ 10/	14 1	at (I) (wa\t
TTENE prital TTOR: for us	21 is 1		sow the decease above, (1) (we) (c	ed alive an		10/3/ 19/	FY . 01	nd that in (my	) (our) opinion	death accurred or	the date of	and hour one	d from the co	uses stated
AL OR A the has AL DiREC detached ate Dept.	IT: If them	N	22b. SIGNATURE	9	of a	lun		100	ATTENDING	MEDICAL DIRECTOR   1	STAFF		1/ 1	13
TO HOSPITAL (retained by the TO FUNERAL should be detained with the State E	MPORTANT	8	22d. PHYSICIAN'S NA	P.	HA	LMOS		22e ADDRE	sol	Schl	lez	sh.	ani	Perla
₽ ₽ ₽ ₩ 3 BP	41	C	urial, cremation, specify) remation		236. DATE 11/1/8	4 R	sedal	le Chap	crematory el Cren		OWN	g-Berk	eley (	COW.
DHMH - 16 50M 4	/B2					rch Fune					TRAR 25b.	REGISTRAR'	SSIGNATUR	RE ,
(VRA 15, 4)		1	02 Greene	Stree	z-Cumbe	rland, M	aryka	na 2150	ZNOV	1996	Tura	Day dow	- Northe	1



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	ALC PHYSICIAN. The faw requires that the death certificate be executed within 24 hours after death. Page offending physicians.		50
	a de	the this certificate has been upped by the ottending physicion and completely filled in by the funeral too the Burial transfer emerges carbonipapers. Pages 1 and 2 should be filled without it and Mental Hypiene prior to build, cremation, or removal.	ented on them, it shows any injury, or other traumatic event, the medial evapoles may be halffed of a
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STATESTON OF VITAL RECORDS, AND WE TRESTON SEE, BALLIMORE, MARTERNO LEGO.	NG PHYSICIAN, The	the this certificate has been signed by the ottending physics the surjet-transit permit. Their please reinces carbot pape it and Merical Hygiene prior to burial, cremation, or removal.	1
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-	7.0	156	-

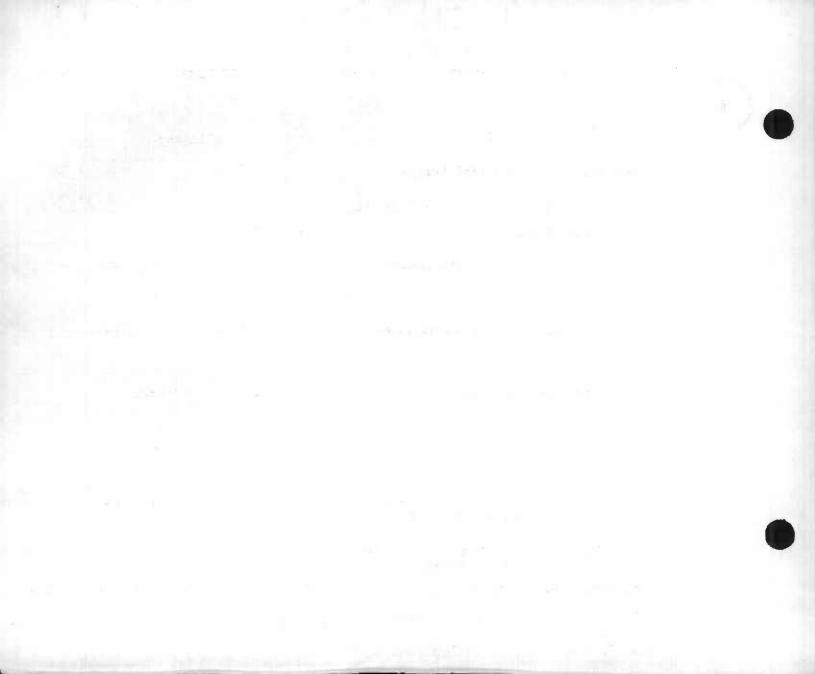
## STATE OF MARYLAND FOR - STATE REGISTRAR

James F. Scarpelli, Cumberland, MD 21502

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

									REG. N	O.		
		CEASED NAME	FIRST		AIDDLE	ı	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR A
	11110	OK PRINT)	H	M	URELL	K	CLINE		OCTOBER	7.	1984	3:15 M
	3. SE)	X		4. RACE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST BI	(YACHTS	IF UNDER 1 YEAR	IF UNDER 24 HRS
	1	male		white			19-1907		77	YRS.	MONTHS DAYS	HOURS MIN.
1	7a BII	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUN	VTRY? 8	D NEVER MAR	DIED [	BALTIMORE CITY	R COUNT	Y OF DEATH	
2		MD <sup>(RY)</sup>		USA		WIDOWE	DIVOR	CED 🗌	Allega			MD.
1	,C	umberland	1	Memor Memor	ial Ho	street ADDRESS)	OR OTHER INSTITU		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) OWNET			farm
5	13a. S	AL RESIDENCE (IF NUR STATE WV	Mine Mine	νĮγ	13c. CITY OF		13d INSIDE CITY I	LIMITS?	13e STREET ADDRESS Rt. 1 Box		DE 9	9999
2	M. FA	ATHER'S NAME FIRST Albe	ert Ki	Line	LAS	51	15. MOTHER'S MA		C. Yost		LAS	1
-		VAS DECEASED EVER			16b. SOCIAL	SECURITY NO.	17 INFORMANT		ADDR	ESS		
5	()	YES, 140 OR UNKNOWN)	(IF YES, GI	/E WAR OR DATES)	217-1	.0-6933	Mrs. No	ra Jea	an Higson .	- Wil		
		18 CAUSE OF DEAT			line for (a), (	b), and (c).)					BETWEEN	MATÉ INTÉRVAL ONSET AND DEATH
П		PART I. DEATH V	VAS CAUSE	TE CALISE (a)	ARDIO	-RESPIRI	A TORY A	RRES	T. RENAL	FAILU	RE	
			DAMAGEDIA									
1		C- 12: 1	1.1	DUE TO, OF	R AS A CONS	SEOUENCE OF	TC HEAR	r Di	CA A CA			
		Canditians, if any gave rise to im		(b)(	414540	SCCEROT	16 FIERR	. , ,	36736			
		cause (a), statu underlying cause		DUE TO, OF	AS A CONS	SEQUENCE OF						
		underlying cause	1031	(c)								
		PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	NTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	IDITION G	IVEN IN PART TO	3
Щ	CERTIFICATION	SIP CEA	EBRO	- UASCU	LAR	ACCIDE	VT. RIC	THE.	LUNG A	SSCES	3	
7	TA:	19a DATE OF OPERA					N WAS PERFORME	D	200 AUTOPSY?		ES, WERE FINDIN	
7	F								VEC		IFYING CAUSES	
-	ERT	21g, ACCIDENT WAS UN	DERIVING F	1 216 TIME O	E INTITIDY		1214 HOW INTILIE	V OCCUPE	YES NO		res 🗌	NO 🗌
		OR CONTRIBUTING		110110		DAY YEAR	ZIL HOW INJUR	TOCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	S	(IF EITHER NOTIFY MEDI			W.	19						
1	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE (			211 LOCATION		CITY OR IC	214/24	COUNTY	STATE
-	×	AT WORK AT WO	RK	(AT HOME STR	EET, FACTORY O	PFFICE, FARM ETC )	SIREEI		en or re	,,,,,,	COOMIT	STATE
		22a L certify that (I)	(this haspi	tal) attended the	e deceased f	ram Octo	les 4	9 P4	to October	7	1984	that (1) (we) fast
		saw the deceas	ed olive an	OCTOLEZ	6	19 84 .00	nd that in (my) (au	) apinion de	eath occurred on the d	ote and ho		
		22b. SIGNATULE	a (a) (and me	r view the body	giter deoin.		DEGREE				22c DATE	
			1	120014			M D ATTE	NDING _	MEDICAL STA	FF		
-		22d. PHYSICIAN'S N	AAAE LUUR	44 2201 / [			77e ADDRESS	SICIAN W	DIRECTOR PHYSIC	IAN []	Oct.	8 84
		Dr. Sures			2			al Uac	nital Co-	nhow1	and Ma	21502
-	23c D	BURIAL, CREMATION,			a	22. NIAME OF C	EMETERY OR CREA		spital Cur	merT	and, Md.	21302
		SPECIFY)	REMOVAL		0 /				CITY OR TOWN		COUNTY	STATE
				10-10	J <b>-</b> 84	Sunset	Memorial			id All	Legany M	D
	24. FU	JNERAL DIRECTOR						250 DATE	REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE

DHMH - 16 50M 4/83 (VRA 15, 4)



_		FOR				
1	_	FOR STATE				

## STATE OF MARYLAND

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1	6.00				

	1 -	STATE REGISTRAR			DEPART		ICATE OF DE		REG. NO	)				
-		E ASED NAME OR PRINT)	FIRST Ca		FTON	LAN	DTS		20. DATE OF DEATH  OCTOBER 17	MONTH		YEAR	26 HOU 4:(	
	3. SE X		ıa	4. RACE	1101		OF BIRTH		6. AGE (IN YEARS LAST BIRT		IF UNDER	IYEAR	# UNDER	
		Female		Whit	ce	AUG	UST 18,	1898	86	YRS.	MONTHS	DAYS	HOUR5	MIN
1		THPLACE (STATE OR I	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MA	ARRIED T	9. BALTIMORE CITY O	R COUNT	Y OF DE	ATH		
2		W. Va.		U.S.	Α.	WIDOW		DRCED	ALLEGANY		•			MD.
0		TY OR TOWN OF DEA	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET TAL HOSP	ADDRESS)	OR OTHER INSTIT	NOITU	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemake	F WORKING		KIND OI JSTRY	F BUSINE	SS OR
	13a. S	L RESIDENCE (# NURS TATE	136. COU	VIY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW  Cumberl	'N	13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS	ZIP COI		150	2	
$\exists$	_	THER'S NAME	MITT	egany	Cumber 1	and	15. MOTHER'S		Furnace	DL.		150		
//		Felix		WIDDLE	Kessel		Dor		Bell		Shaf:	fer		
/		AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES?	234-96-		17 INFORMAN Erma		ADDRE		39 R:	idg	ele	y, WV
		18 CAUSE OF DEAT PART I DEATH W	AS CAUSE IMMEDIA	TE CAUSE (o)	Can de	a'a e	Ane	T.	Louit D	)	1	APPROXI TWEEN O	MATE INTER	DEATH
		Conditions, if ony, gove rise to improve (o), stoting underlying couse	mediote ig the	DUE TO, OI	R AS A CONSEQUE		324111			P	7			
1	z	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO L	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN P	ART Ita		
2	CERTIFICATION	19a DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFOR	MED	200 AUTOPSY?	IN CERT	ES, WERE IFYING C			LH5
3		210 ACCIDENT WAS UNION CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJU	JRY OCCURE	RED (ENTER NATURE OF INJUI	1		ART 2)	NO_L	
	MEDICAL	21d INJURY OCCUR	RED	21e PLACE			211 LOCATION	١	CITY OR TO	WN	cou	NIY		STATE
		220 I certify that (1)	(this hosp	1/	17 19 8	1 of !	nd that in (my) (c	19 83 our) opinion (	to	-// ate and ho	, 19 d		that (I) (	
		The SIGNATURE	arti	eno 1	Hemi	1	MD PH	TENDING TYSICIAN	MEDICAL STAP		220		19	-84
T		DR. ROBUS		/	A				AL HOSPITAL		CAL I	3UIL	DINC	;

1236 NAME OF CEMETERY OF CREMATORY Lahmansville

TO FUNERAL DIRECTOR.

24 FUNERAL DIRECTOR ALLEN ROTRUCK KEYSER, W.VA.

20 Oct

84

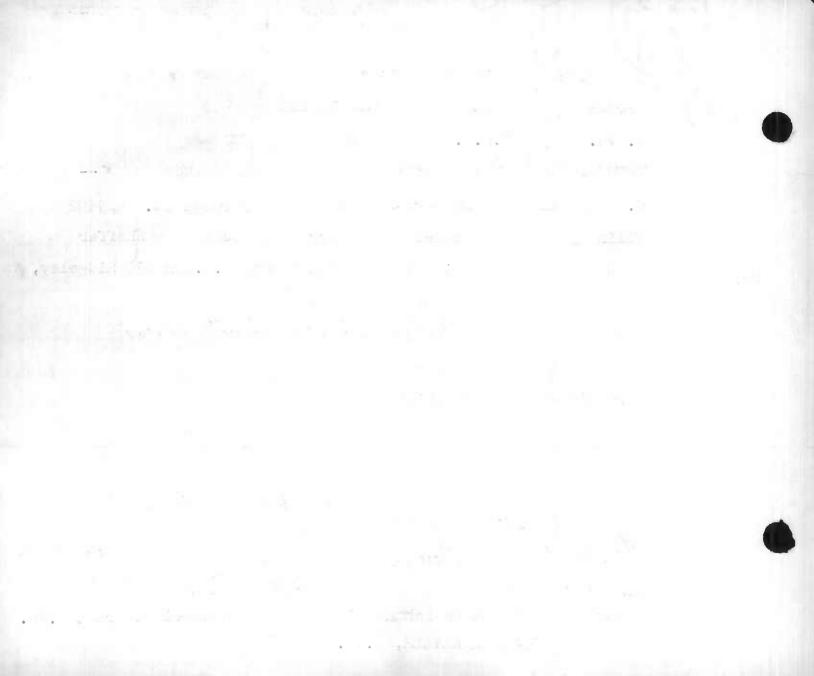
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Lahmansville Grant W.Va. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
DCT 24 1984, Julia Davidson-Andrea

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumatic event, the medical examiner multi be tretile

should be detached for use as the bursol-tronsit permit. Then please remove carbon popel with the State Dept of Health and Mental Hygiene prior to bursol, cremation, ar removal.



STATE OF MARYLAND



The suring part of the suring pa	8485		MARGARET		SHBAUGH	OF ESTI- DEATH MATED O	et 15,84
MARYLAND   U.S.A.   WIDDING MORCED   Allegany   MARYLAND   U.S.A.   WIDDING MORCED   Allegany   MARYLAND   U.S.A.   WIDDING MORE OF DEATH   II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION   178 USUAL OCCUPATION (TYPE OF WORK   MOST OF WORKING (MP)   MOST OF WORKING	N 2 N N N N N N N N N N N N N N N N N N	F Cau	11/27/	/22 61 YRS.		PRONOUNCED Oct	15, 1984 133
Prostberg	新な手属と	MARYLAND	U.S.	A. WIDO	WED A DIVORCE	Allegany	M
14. FATHER'S NAME   MIDDLE   LAST   LEASURE   LAST	E8/)/) F	rostberg	112 S	Bity, GIVE STREET ADDRESS)	HER INSTITUTION	FOR MOST OF WORKING LIFE)	GOLINDOSIRIL III
THE TOTAL PART 1 DEATH (ENTER ONLY SECURITY NO. 18 CAUSE OF DEATH (Enter only one couse per line lor (a), (b), and (c). 200/52/9603 MR. BRIAN LASHBAUGH, 112 SPRING ST. 18 CAUSE OF DEATH (Enter only one couse per line lor (a), (b), and (c). 200/52/9603 MR. BRIAN LASHBAUGH, 112 SPRING ST. 200/52/9603 MR. BRIAN LASHBAUG	36 USU	JAL RESIDENCE (IF IN NURSING HOMI STATE Maryland AIL	e or other institution GIV NTY Bany	Frostberg	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 112 Spring S	21532 Street
SOCIAL SECURITY NO.   17. INFORMALT   17. INFORMATION   17. IN		FATHER'S NAME FIRST MILSON	MIDDLE	LEASURE	FIRST	N NAME MIDOLE	THE RESERVE TO SERVE
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PRESIDENT TO OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (b)  Metastatic carcinoma  DUE TO, OR AS A CONSEQUENCE OF  (c)  Carcinoma Rt. breast, previously resected 20months  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).  190. DATE OF OPERATION  Jan 1983  Carcinoma right breast  210. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING OR  CONTRIBUTING OR  CONTRIBUTING OR  CONTRIBUTING OR  CONTRIBUTING CAUSE OF DEATH  P.M. MONTH DAY YEAR  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED?  YES NO X  210. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF DEATH  P.M. MONTH DAY YEAR  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).	NOISI/	(YES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR GATES)		17. INFUNIVARI		
WINDERLYING OR CONTRIBUTION CAUSE OF DEATH P.M. 19	- TKANSII PEKMI ENITAL HYGIENE, , OR REMOVAL.	PARTI DEATH WAS CAUS IMMED!  Canditions, if any, whic gave rise to immedial cause (a) stating the unde	ED 8Y: ATE CAUSE (a)  DUE TO, OR  (b)  DUE TO, OR  DUE TO, OR	spiratory ar as a consequence of tastatic as a consequence of	arcinoma	norri qualtr nogo	Sudden
WINDERLYING OR CONTRIBUTION CAUSE OF DEATH P.M. 19	REMATION ON	PART 2 OTHER SIGNIFICANT CONDITION	107				oted 20month
	HCATION	190. DATE OF OPERATION	IS CONTRIBUTING TO DEATH I	IUT NOT RELATED TO THE TERMINAL DISE.	USE OR CONDITION GIVEN IN PARTIES		20 AUTOPSY?
	D, 21201 PRIOR TO BURIAL, CREMATION  MEDICAL CERTIFICATION	Jan 1983  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. INJURY OCCURRED WHILE AT WORK	19b. CONDIT Carc 21b. TIME OF HOUR A.M. F DEATH P.M. 21e PLACE C. STREET, PACT	ION FOR WHICH OPERATION INDMA right  INDMA right  INJURY YEAR  19 OF INJURY (ATHOME, ORY, FARM, ETC.)	WAS PERFORMED?  Dreast  HOW INJURY OCCURRED  CATION  STREET	T ] (g).  O (ENTER NATURE OF INJURY IN ITEM 18 PART 1 O  CITY OR TOWN	20 AUTOPSY? YES NO A
death resulted from: Notural couse   Accident   Suicide   Hamicide   Undetermined manner   TITLE (SPECIFY)   AST. Dpty MEDICAL EXAMINER   DATE   SIGNED   10/15/84    EXAMINER'S NAME   Paul Snow, M.D.   ADDRESS   Memorial Hospital		190. DATE OF OPERATION  Jan 1983  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF  218. INJURY OCCURRED WHILE AT WORK AT WORK  220. I certify that I took cho death resulted from: Not  ACTUAL SIGNATURE	19b. CONDIT Carc 21b. TIME OF HOUR A.M F DEATH P.M. 21e PLACE C. STREET, FACT.	ION FOR WHICH OPERATION  INDMA right  INJURY MONTH DAY YEAR  19 OF INJURY (ATHOME. 21f. L.  ORY, FARM, ETC.)  Accident , Suicide	WAS PERFORMED?  Dreast  HOW INJURY OCCURRED  DOCATION STREET  Hamicide  LITTE (SPECIFY)	CITY OR TOWN  Inquiry M., and in m.  Undetermined manner	20 AUTOPSY? YES NO   OF PART 2)  COUNTY STATE  y opinion

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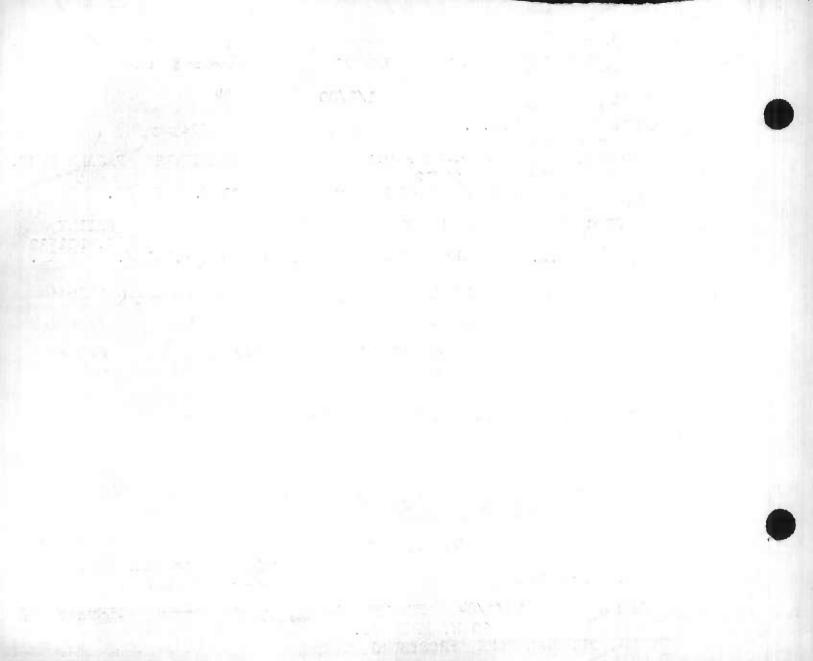
8	1 -	FOR STATE REGISTRAR		DEPAI	RTMENT OF F	ECALTH AND MENTAL HYG	REG. NO	2 <b>5</b>	7 7	
o e e e e e e e e e e e e e e e e e e e		CEASED NAME FIRST ARTH		WRENCE	LEA	ASE	20. DATE OF DEATH	05 8		26. HOUR 1019A M
	3. SEX	MALE	4 RACE WHITE		5. DATE (	DF BIRTH H 22 DAY 17 YEAR	6. AGE LINYEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	8. MARRIE WIDOW	D NEVER MARRIED D	Allegan	у	OF DEATH	MD.
by the fu	CU	TY OR TOWN OF DEATH	MEMORY	AL HOSP	TAL	OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O TETITED		INDUSTRY	rete Co.
LAND 212 Inn 24 hou should be in should be in	13a. S		INTY	13c. CITY OR TO	NWC	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2 39 Race S	ZIP CODE St. 215	02	
ored within completely I and 2 si		THER'S NAME Adam M. Le		LAST		15. MOTHER'S MAIDEN NA Gertru	ude Wagoner		TAS	)T
be execu-	(1	VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN] (IF YES, G NO	RMED FORCES?	710-09-		Arletta Leas	ADDRE			
ST., BALTI		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS IMMEDIA	only one cause pe ED BY: ATE CAUSE (o)	r line for (0), (b),	and ici.)	sulmon	any ar	ust	BETWEEN	IMATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or oftending physician.  Wher this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled that many manner by givene prior to burial, cremotion, or removal.  Onched or them 18 shows any injury, or other froumatic event, the medical examine must be no orked or them.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, C	DR AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION	QUENCE OF	copp	/			
RECORDS, 2 . RECORDS, 2 .n. no so been signe permit. Then permit. Then permit is proposed to bound we only injury.	CERTIFICATION	PART 2: OTHER SIGNIFICANT				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	
ON OF VITAL R INSICIAN: The I ding physicion. Is certificate has burial-transit pe Mental Hygiene or frem 18 shows		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY m. MONTH	DAY YEAR	21c HOW INJURY OCCUR				МОП
DIVISION DING PHYSI or othending After this ce te os the buri	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NWI	COUNTY	STATE
VITEND spitol o Spitol o CIOR: A for use of Heo		220.1 certify that (1) this hosp saw the deceased alive a above, (1) (we) (did) (did n	3/	J-19	W /	nd that in (my) (our) opinion			and from the	
TAL OR A by the host RAL DIREC detoched tote Dept.		274. PHYSICIAN'S NAME (LYPE	de		-	DEGREE  A HENDING PHYSICIAN [	MEDICAL STA		22c. DATE	5/84
TO HOSPITAL ( TO FUNERAL Should be deto with the Store [ IMPORTANT: #	4	Dr. T. Elder				Med Bldg al		Brland	ed Cr	2 <del>1502</del>
BP	(	urial, cremation, remova Specify Burial	10-08			shby Cemetery	Ft. Ashby			
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 FU	JAMES F. Scarp	elli, Cu	umberlan		250. DA	TE REC'D. BY REGISTRAR	256. REGISTRA	4 -	

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		CHERISARD	10051.JA	

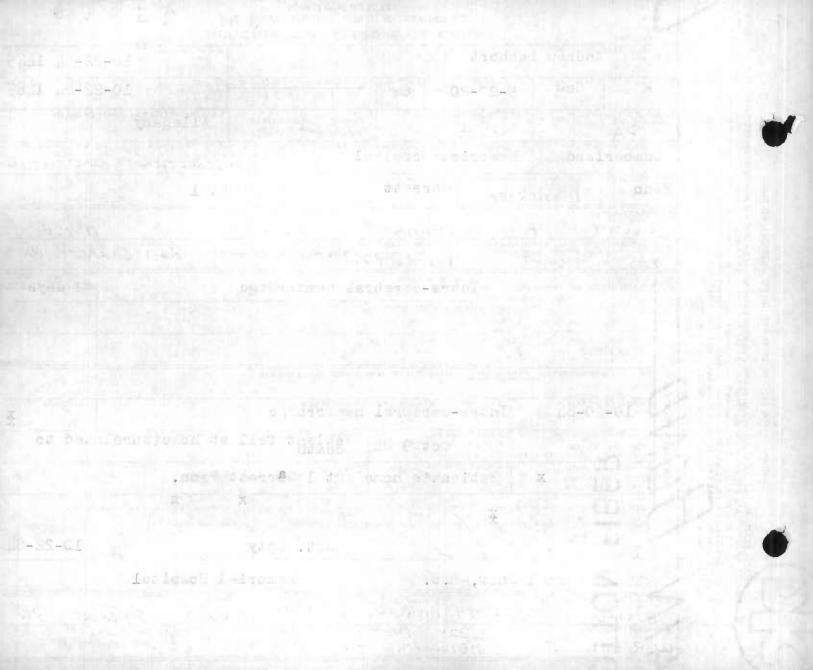
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

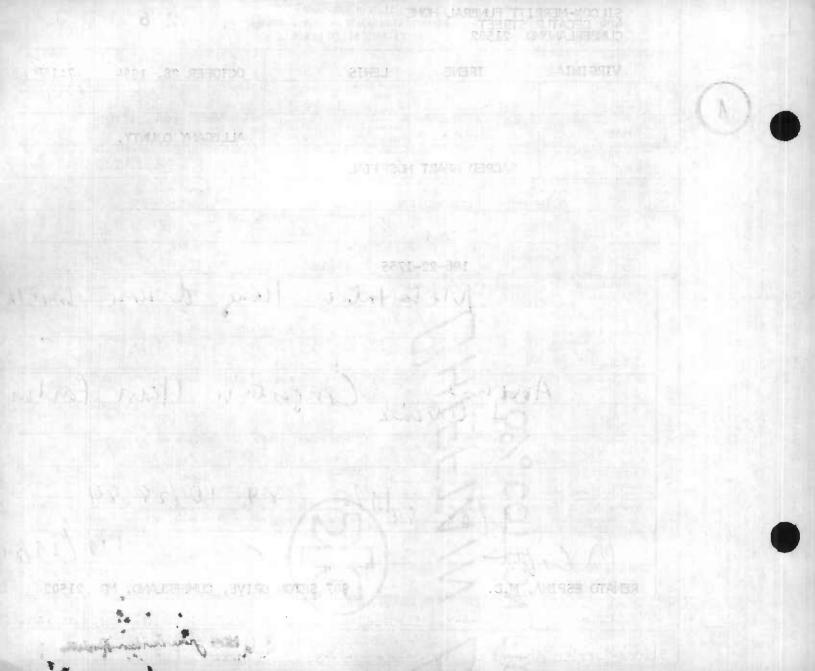


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ш	1. ĎÉ	REGISTRAR CEASED NAME PE OR PRINTI	Andrew	Lenhart	MIDDLE	EXAMIN	EK 5 C	LAST	CATEO			REG. NOWN	MONTH	-22-84	120 HOUR
AY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. FILED, WITHIN 72 HOURS. 5, 801 W. PRESTON STREET,	3. SE	× M	4. RACEau	5. DATE OF BIRTH	20 YEAR	6 AGE (IN YEAR LOTTED AND AGE)	MONTH	DER TYR.	IF UNDER		RONOUNG DEAD		NONTH 10-	-22-84	AR 124 HOUR
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D. 21201 2. AND DELAY IS NE. 2. AND 3 TO THE FUN. 3. RETAIN PAGE 5 F 2. SHOULD BE FILED, WA. LECORDS, 401 W. I.	10 0	Cumber	DE DEATH	NAME OF HOS	SPITAL, NU	RSING HOME				II2a. USU	AL OCCUPA OST OF WORK	ATION (TYING LIFE)	PE OF WORK	126 KIND OF OR INDU CONSTR	ISTRY
ANY DE ANY DE RETAIN HOULD B RECORD	USU	AL RESIDENCE	N3h COUN	DROTHER INSTITUTION, G		POR BOND	N)	13d. INSIDE CI	ITY LIMITS?	130 STR	ELADDRES		9 %	127	
A THE STATE	14. F	ATHER'S NAME FIRST VILLIA		MIDDLE	LEI	LAST		F	ER'S MAIDE		MIC	DOLE		MOYL	.E
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, RDE TO THE CHEFF MEDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DO THE INTO THE MEDICAL TRANSIT PERMIT.	Z	Condition gave ris cause (o) lying cou	is, if ony, which to immediate stating the underse last.	(b)	R AS A CON	NSEQUENCE C	F							BETWEEN &	MATE INTERVAL
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- FAAAA	MEDICAL	WHILE AT WORK	NOT WHILE AT WORK	Place	of injury			Rt 1	Gerr	ett	Penn	۲.	C	OUNTY	STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: PAFTER DEATH, WITH THE ST BALLMORE, MARYLAND, 2	2		y that I took charged from Natu	ge of the remains de- rol causes (1),	Accident	, Sue	Autap	, Homic	PECETO t	Undete	Inquiry I rmined mor	nner .	DATE SIGN	10-	22-84
97/ BP/	(	BURIAL CREMA	TION, REMOVAL	236 DATE OCT. 25-8	4 H	NAME OF CEN	ETERY O			6A	CATION DRIOWN RRETT		SOME	UNIY	STATE
DHMH - 17 (VR A15 ME (5))		UNERAL DIRECT		ADDRESS	325 EYER	SDACE	PA		CCT	391	TRAR			SIGNATURE - Randall	8

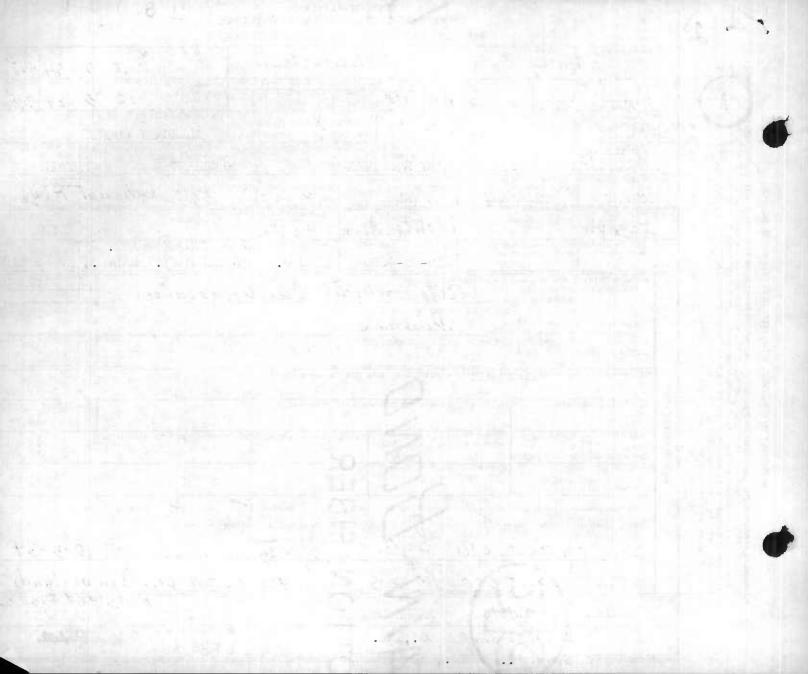


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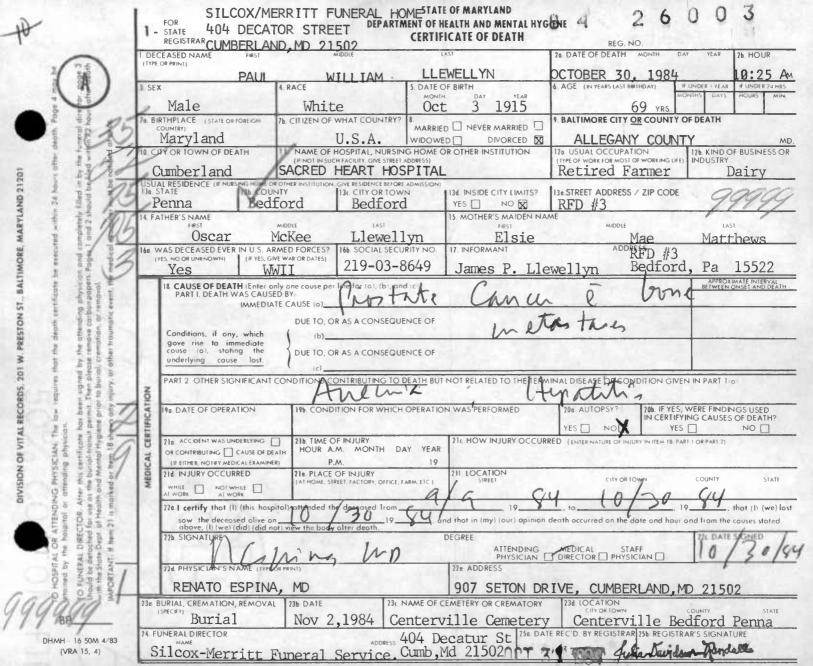
1	SILCOX- FOR 404 DEC STATE CUMBERL	MERRITT FUNER ATUR STREET ANDMD 21502	RAL HOME S DEPARTMENT CER	TATE OF MARYLAND OF HEALTH AND MENTAL H TIFICATE OF DEATH	YGINE 4 2 (	5000	
PS F S F S	I. DECEASED NAME	IRST MIDD		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
e e e e e e e e e e e e e e e e e e e	3 SEX Female		ENE	LEWIS	OCTOBER 28.	1984 7:15P M	
may may				ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.	
90 6				June 3 1902	82 yrs		
leoth. Po	76. BIRTHPLACE (STATE OR FOR	U.S	S.A.	RRIED NEVER MARRIED DOWED NORCED	ALLEGANY COU	NTY, MD.	
s after o	10 CITY OR TOWN OF DEATH Cumberland	SACRED	11. NAME OF HOSPITAL, NURSING HOME ( (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  SACRED HEART HOSPI		R INSTITUTION  126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)  HOUSekeeper——  126 KIND OF BUSINESS OR INDUSTRY		
Filled in nould be	13a. STATE	b COUNTY 13			130.STREET ADDRESS / ZIP CO		
MARYL mpletely ond 2 sh	14 FATHER'S NAME William	MIDDLE	Lewis	is mother's maiden in Dora	MIDDLE	Warman	
imone execution on a control of control contro	160 WAS DECEASED EVER IN (YES NO OR UNKNOWN)	# YES GIVE WAR OR DATEST	SOCIAL SECURITY N 196-22-175		Brady Cumberl	7 Columbia St and, md 21502	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs elained by the hospital ar ottending physician.  TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove corban papers, Pages 1 and 2 should be till with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.  MPORIANT: If them 21 is marked at 11 mill Equipms only injury, ar ather traumatic event, the medical ecomprehents by	Conditions, if only, y gave rise to immecouse (a), storing underlying couse  PART 2 OTHER SIGNIF  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDER	thich (b) liost   DUE TO, OR A	- 1-	DF	IN CER	GIVEN IN PART 16 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	OR CONTRIBUTING CAN  (IF EITHER, NOTIFY MEDICAL  21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK AT WORK	SE OF DEATH EXAMINER)  P.M.  21e. PLACE OF	MONTH DAY Y INJÚRY FACTORY, OFFICE, FARM, ET	19 21f LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM I	COUNTY STATE	
	sow the deceased	olive on () (did not) view the body off	19 VU	DEGREE ATTENDING PHYSICIAN 22e ADDRESS			
7 0 0 0 0	RENATO ES	PINA, M.D.			907 SETON DRIVE, CUMBERLAND, MD 21502		
BP———	230 BURIAL, CREMATION, RE (SPECIFY) Burial	MOVAL 23b. DATE OCT 31	101	of cemetery or cremator rest Burial Pa		11 gany Maryland	
DHMH - 16 50M 4/83 (VRA 15, 4)	0 1 1/1 01 000						

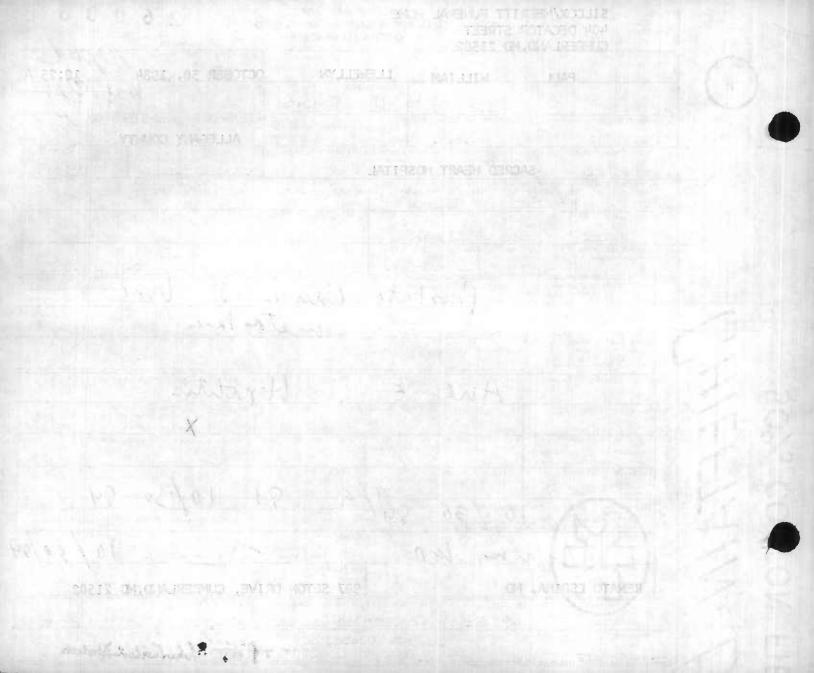


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 2n DATE KNOWN (TYPE OR PRINT) Hasy 10 DEATH MATED 4. RACE 5. DATE OF BIRTH DATE PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND DIVORCED ALLEGANY COUNTY 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY MERCHANT SACRED HEART HOSPITAL RETAIL NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 130. STREET ADDRE 13c CITY OR TOWN 136 COUNTY 13d. INSIDE COPPLIMITS? MARYLAND ALLEGANY LA VALE YES TO NO T 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME SIMON JOEL COLTONPRESS APT. 617 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-09-4636 NO 1190 W. NORTHERN PKWY. BALTO., MD 21210 CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. DUE TO, OR AS-A-GONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 19a DATE OF OPERATION USED 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO [ 710. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME III. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Natural causes Suicide Undetermined manner 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY)BURIAL 10/8/84 ANSHE EMUNAH BALTIMORE BP. 24. FUNERAL DIRECTOR REGISTRAR'S SIGN PURE SOL LEVINSONESSE BROS. INC. **DHMH - 17** (VR A15 ME (5) RSTOWN RD. BALTO. MD 20M 4/82



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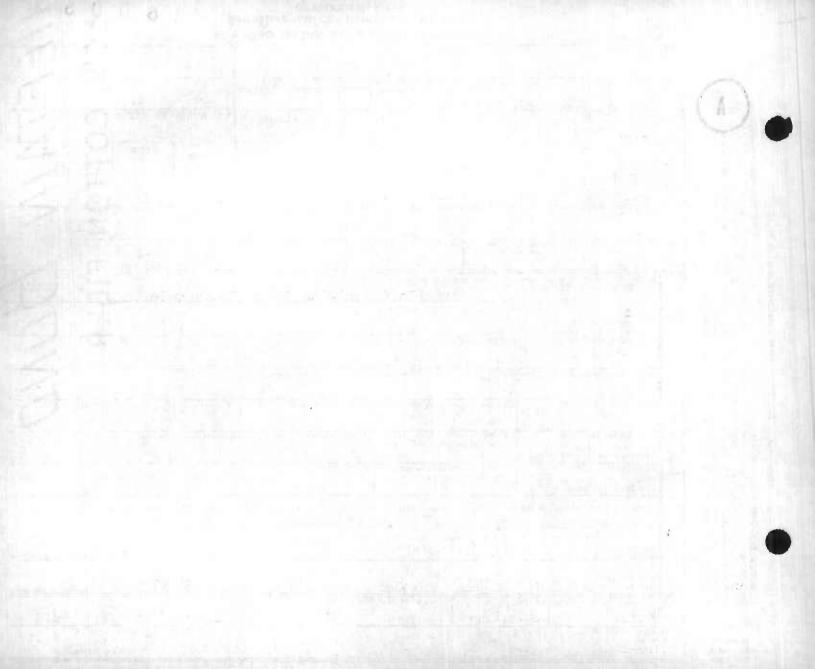


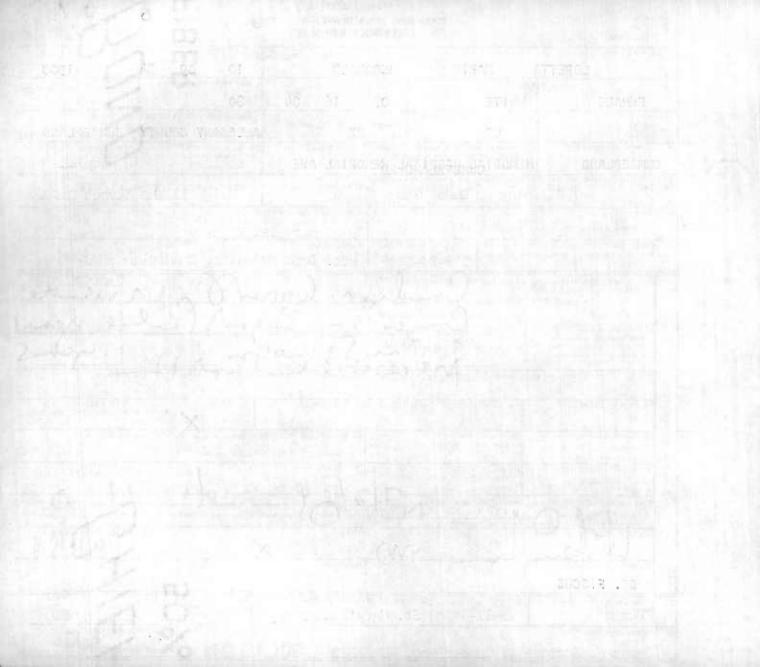


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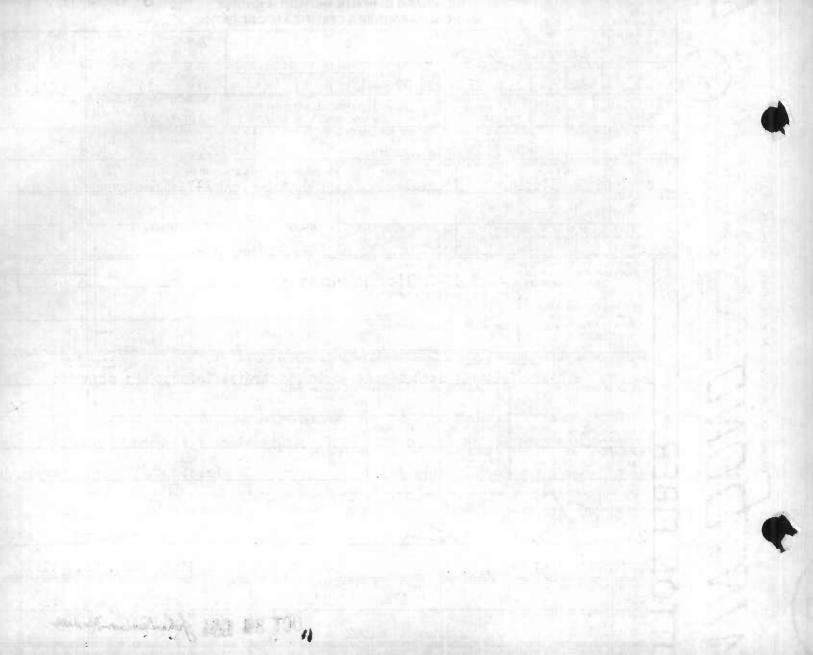
li	FOR - STATE			DEPARTMENT C	FHEALT	MARYLAND H AND MENTAL I	Ab.	260	06	
-	REGISTRAR	FIRST	ME	MIDDLE	MEK 2	CERTIFICATE		REG. NO.		
,, (	DECEASED NAME					LASI	2a. DATE K	EDII-		2ь. ноиг 12:1
2.0		Albert		Juston		Donald	DEATH /	MATED OC	- 17	2/
	SEX		5. DATE OF BIRTH	YEAR LAST BIRT	HDAY) MON	NDER I YR. IF UNDER	MIN. PRONOUNC	ED .		2d. HBUI 12 1
M	ale	White	Jan 21,	1908 76	YRS.		DEAD		2, 19 84	PA
10	FOREIGN COUNTRY)	ATE OR		HAT COUNTRY?	1	RIED X NEVER MARE	RIED 🔲	RE CITY OR COU	JNTY OF DEATH	
10	W.Va.	OF DEATH	U.S.A.	SPITAL, NURSING HO	WIDO		TED L ALL	egany	Time KIND OF SUR	IM.
C	umberlan	d	Sacred	Heart Hos	pital	HER INSTITUTION	FOR MOST OF WORKI	ng life)	Railroad	1
130	Md.	(IF IN NURSING HOME OF	r other institution, G ry egany	13 CITY OR TOWN	nd	13d INSIDE CITY LIMITS?	13e. STREET ADDRES	s Box 335 c	21502	
14	FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID				
1	Jesse			McDonald		Belle	MID		Zora	
160	B. WAS DECEASED (YES, NO, OR UNKNO NO	EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	166. SOCIAL SECU 213-22-27		Sarah Bel	le McDonald	ADDRESS #8 Cumber	Box 335 land, Md.	2150
200		GNIFICANT CONDITIONS C	(c)ONTRIBUTING TO DEATN	BUT NOT RELATED TO THE T	ERMINAL OISEA	SE OR CONDITION GIVEN IN PA	ART 1 (0)			
NOLE OF THE PARTIES O	190 DATE OF	OPERATION	19b. COND	TION FOR WHICH OF	PERATION V	WAS PERFORMED?			20 AUTOPSY?	
										NOXX
		NG CAUSE OF D	EATH P.A	A. MONTH DAY YE	AR		ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR	RPART2)	
4450	CONTRIBUTION 21d. INJURY CONTRIBUTION WHILE AT WORK	NOT WHILE C		OF INJURY (AT HOME TORY, FARM, ETC.)		OCATION STREET	CITY OR TOW	٧	COUNTY	STATE
	22a I certification death results		e of the remains de al causeXX,	Accident ,	Suicide	psy , Inspection  Homicide .  TITLE (SPECIFY)  A.D. Deputy	Undetermined man	ner .	opinion  IE Oct. 4,	198
2	EXAMINER'S (TYPE OR PRIN	NAME Giova	nni Mast	rangelo, M	.D.	ADDRESS 900	Seton Driv			
230	BURIAL, CREMAT	TION, REMOVAL 2				OR CREMATORY	23d. LOCATION	C	OUNTY STATE	
				07			77		SIAIL	
0.4	Burial		ct.4,1984	+ Glenda	le Cen		Flintsto	ne Alles	gany Md.	
-	FUNERAL DIREC	TOR	ADDRES!	101 5	atur S	St. 250 DATE	DEC'D BY DECISTOAD	ne Alles	gany Md.	





_		1.	STATE P.O.	Box 20		DEFAI	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 4	2 6	0 0	8
41		1 05	REGISTRAR Gran	tsvil		. 21536		ASI	REG 20. DATE OF DEATI	NO.	AY YEAR	7b. HOUR
1	B 1 =		OR PRINT)	4	,							
/	n op	3. SE		dna	RACE	Thomas	5. DATE C	rew De Birth	6. AGE (IN YEARS LAS	T BIRTHDAY)	F UNDER TYEAR	IF UNDER 24 HRS
	ge 4 rector. F		FEMALE		WHITE		DEC	27, 1926 YEAR	57	YRS:	ONTHS DAYS	HOURS MIN.
	Pog in Pour		RTHPLACE (STATE OR FO	REIGN 7b.	CITIZEN OF	WHAT COUNTR	Y? 8.	D NEVER MARRIED	9. BALTIMORE CIT		OF DEATH	
	deoth deoth		CENTUCKY		USA		WIDOW	DIVORCED	X Allega	ny Count		MD.
10	s ofter o	4	TY OR TOWN OF DEAT CUMBERLAND		Sac	red Hear	EET ADDRESS)	or other institution	MANAGER	'ATION )ST OF WORKING LIFE	PIZZA	SHOP
BALTIMORE, MARYLAND 2120	Pour Pour	130. S	AL RESIDENCE (IF NURSINGTATE	G HOME OR OTH	HER INSTITUTION	GIVE RESIDENCE BEI	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CODE	4	19999
AND	filled hould be	KE	NTUCKY	WEBST		WHEATCR		YES NO		X 15)		2463
RYL	plerely nd 2 sh	14. FA	THER'S NAME FIRST	MID	DLE	LAST		15. MOTHER'S MAIDEN I	MIDDI		tAS	ot T
, W	e e	1/2	JOHN VAS DECEASED EVER II	A.	D EODCESS	BROWN 16b SOCIAL SE		IDA 17. INFORMANT	BELLE		RENNON	
AORE	Poges		YES, NO OR UNKNOWN)	(IF YES, GIVE W			4-3767		GRANT STE		0157	c
ALTIN	0 0 5	-	NO II. CAUSE OF DEATH	(Enter poly)	nne couse ne			INANCY JONES	, GRANTSVII	IF, MU	2153	MATE INTERVAL ONSET AND DEATH
	physic npape mayal. vent, th		PART I. DEATH WA	S CAUSED E	SY:	METAST	ATIC RO	current Sn	roll Cell Can	unoma	of The	
N	h cert ding arba ar re			MACONIE		R AS A CONSE						8
EST	e death ce attending nave carb lation, ar i troumatic		Conditions, if any,		(b)							
1 W. PRESTON ST.,	by the		couse (a), stating		DUE TO, O	R AS A CONSE	DUENCE OF					
DIVISION OF VITAL RECORDS, 201	equires the signed the plee to burial injury, or	NO	PART 2. OTHER SIGN	0 0	NOTIONS CO		O DEATH BUT	NOT RELATED TO THE TE		- 0		LNUTRITION
L RECO	nn. nn. has been permit.	CERTIFICATION	19a DATE OF OPERAT	ON	19b. COND	OON FOR WH	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED
ATA		E E	216. ACCIDENT WAS UNDE		21b. TIME C		DAY YEAR	21c. HOW INJURY OCC				
9	HYSICIAN: TInding physicial physicial his certificate buriel-transitial Amental Hygi ar them 18 sh	S S	OR CONTRIBUTING C			.M. MONTH	19					
SION	P N S G	MEDICAL	21d. IN JURY OCCURRI			OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC.)	211. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
2	or offer the os the olth and marked	`	AT WORK AT WOR								10	4
	TEND Follo		22a.1 certify that (1) ( saw the decease	folive on		19		nd that in (my) (our) opinion	on death accurred on the			that (I) (we) last causes stated
	or AT e hosp DIRECT Iched fo Dept. a		above, (I) (we) (di	dy(did not) v	riew the body	ofter death.		DEGREE			27c DATE	
	£ 0 4 =		V V h	ent	2 les	rec.	110	ATTENDING PHYSICIAN		STAFF YSICIAN []		
	HOSPITAL ned by the FUNERAL uld be detrithe State ORTANT.	1	224 PHY IN IAN'S NA	ME (TYPE OR PI	RINT)	0		22e. ADDRESS	7			
	TO HOSPITAL Second by 1 TO FUNERAL should be det with the Store		Dr. Kennet	h Zie	nkiewi	CZ. M.D		925 Bishop			Land, M	d. 21502
aga	aaaa		BURIAL, CREMATION, F	EMOVAL	23b. DATE			EMETERY OR CREMATOR	CITY OR TOW	N	COUNTY	STATE
17	8P		JRIAL		10-6-			INGS CEMETER	Y WHEATCRO			KENTUCKY
	DHMH - 16 50M 4/83 (VRA 15, 4)	1	Jane 1	Decr	maci	GRAN	MIN ST	REET AND	81984	Fulia David	Son-Rang	600 n
				/				***	. 0 1005		a decision	E.

10-10	11-	FOR STATE REGISTRAR		DEPARTMENT OF DICAL EXAMIN			F DEATH R	EG. NO.					
2000		CEASED NAME FIRE E OR PRINT)	Ralph ence McKenz	ie		LAST	26. DATE KNO OF EST DEATH MAT		29 198	26 HOUR 34 1450 M			
Not a series	3 SEX		5. DATE OF BIRTH	YEAR 6 AGE (IN Y LAST BIRTHI		NDER I YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	10 29	DAY	2d HOUR 84 1500M			
PRESA POR PAREN	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MARR WIDOW	IED X NEVER MARR	ED ALLEGA		ITY OF DEAT	H MD.			
PAGE STREET	La	TY OR TOWN OF DEATH	60 Alle	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS) Ndale Avenu	e	HER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Doctor  12b. KIND OF BUSINESS OR INDUSTRY Chiropratic						
BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY B. GIVE PAGES 1, 2, AND 3T OT II WITH FORM PM 3. RETAIN PA T. PAGES 1 AND 2 SHOULD BE FI DIVISION OF VITAL RECORDS, 2	13a S	AL RESIDENCE (IF IN NURSING H TATE 13b. C Maryland A	ome or other institution, of DUNTY 1] egany	13c. CITY OR TOWN	ION)	13d INSIDE CITY LIMITS?							
OEATH. II		Ralph McKe	enzie	LAST			ne Raines		LAST				
BALTIMORE. S AFTER DEAT GIVE PAGES ITH FORM PP PAGES 1 AN WISION OF W	16a. V		ARMED FORCES? GIVE WAR OR DATES) I II	209-03-90		Vera L.		DDRESS					
201 W. PRESTON ST., BALI UTED WITHIN 24 HOURS AF IN PENCIL IN ITEM 18. GIVE EXAMINER ALONG WITH I IAL-TRANSIT PERMIT. PAG O MENTAL HYGIENE, DIVISION, OR REMOVAL.	>	18 CAUSE OF DEATH (Ent PART I DEATH WAS CA IMMI Canditians, if any, w gave rise to immer cause (a) stating the ur lying cause last.	USED BY: EDIATE CAUSE (a) Significant Sign		OF	nshot woun	d to the hea	ıd	Sudo	CIMATE INTERVAL ONSET AND DEATH			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR WARDED TO THE WORD "PENDING" IN PENCIL IN ITEM 18. WARDED TO THE CHIEF MEDICAL EXAMINER ALONG W PAGE 3 SHOULD BE USED AS A BURIAL "TRANSIT PERMIT. TATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	TIFICATION	PART 2 OTHER SIGNIFICANT CONDI Congestive he 196. Date of operation	eart failur	e; status-p ITION FOR WHICH OPE	ost a	cute myoca VAS PERFORMED?	rdial infarc	ction; s	20. AUTO	OPSY?			
DIVISION OF V E, WRITING THE W RWARDED TO THE SPACE 3 SHOULD B STATE DEPARTMEN OF 12 1201 PRIOR TO B	MEDICAL CERTIFICATION	710 EXTERNAL CAUSE WAR UNDERLYING OR CONTRIBUTING CAUSE 710 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	OF DEATH 1450 P.A.	M. MONTH DAY YEA	4 Pa 21f. LC	tient shot	himself in  city or town  LaVale	head wi	th pis	stol Maryland			
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STIPLE DEATH, WITH THE STIPLE OF THE		-/	harge af the remains de Natural causes \( \int,		Autap	Hamicide Title (SPECIFY)	Undetermined manner			29 84			
TO MEDIC EXECUTE 1 PAGE 4 SI PAGE 4 SI PAGE NORR PATTER DEA			aul Snow, M				ial Hospita	l, Cumb.	MD.	21502			
BP	É	URIAL, CREMATION, REMOV ULTIAL UNERAL DIRECTOR	23b. DATE 10-31-84	23c. NAME OF CI Hillo:		Burial Park	23d LOCATION CITY OF TOWN CUMberla	nd Alleg	Jany	STATE MD			
DHMH - 17 (VR A15 ME (5))		ames F. Scarp	elli, Cumbe	erland, MD 2	21502	DCT"		a Davidson	-Handel	2			

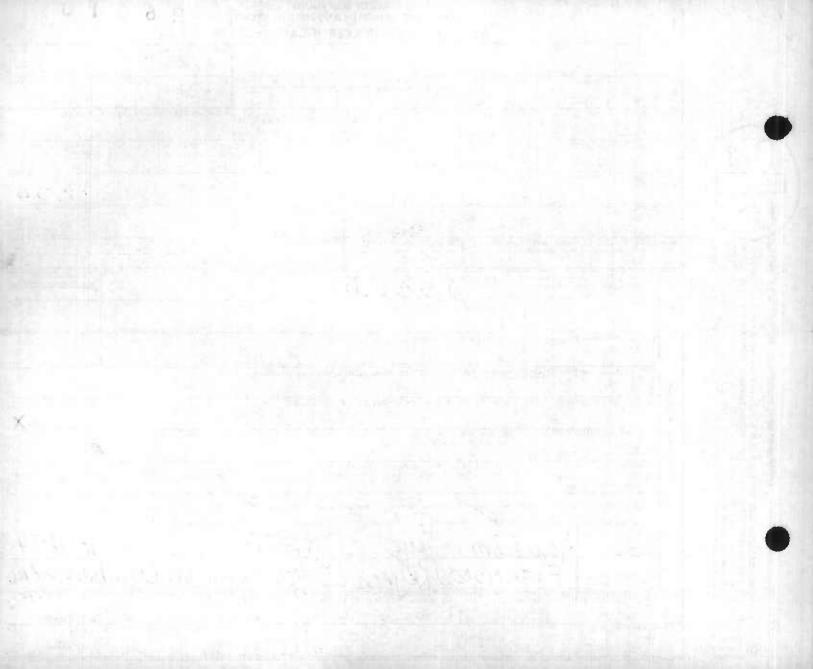


K		1-:	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL BYGIENE 2 6 0 1 0 MEDICAL EXAMINER'S CERTIFICATE OF DEATH								
1		1. DEC	EASED NAME FIRST OR PRINT)		MIDDLE	THE RES	Miller	20. DATE	KNOWN ESTI-		DAY YEAR	26 HOUR 10:58	
NECESSARY, PLASE EUNECAS DIRECTOR. FOR PAYZHEES WITHIN 72 HOURS	ON STREE	3. SEX	Clay  Ale White	5. DATE OF BIRTH	1912 72	YEARS IF U	NDER TYR. IF UND	ER 24 HRS. 2c. DA MIN. PRONOI DE	TE UNCED	Oct Oct	16 1984 16 1984	2d. HOUR	
NECESSA FUNERAL FOR YOUNTHIN	PREST	To BII	RTHPLACE (STATE OR PEIGN COUNTRY) Penna	U.S.			RIED NEVER MAI	RRIED	MORE CIT	Y OR COUN	TY OF DEATH Allegar	ny <sub>MD.</sub>	
AY IS	150	) (	or town of DEATH Sumberland	Memori.	11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Memorial Hospital - D.C			FOR MOST OF WORKING LIFE)					
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INER: THE ICATE, W FORWA TOR: PAC	ALTIMORE, MARYLAND, 2120		AT WORK AT WORK  22a. I certify that I tack char	rge of the remains de ural couses (B.)  WWWND  YANCES	Accident	Suicide^	hamicide THE SPECIFY  A.D. ADDRESS 700  DR CREMATORY	Undetermined of MEDICAL EXA	y Amanner C	ond in my of	pinian 10- 16	1-84 1-84	
999 BP 9 DHMH- (VR A15 M 15M 2/	17 NE (5))	(5		Oct 19,198	84 Centerv	ille I	Fellowship		ervill	e Bedi	Ford Per SIGNATURE	ma na	

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Boals Funeral Home

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGONE

Allegany County 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 13e STREET ADDRESS / ZIP CODE P.O. Box 178 NOTO MIDDLE Shaffer same as 13a-e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ CITY OR TOWN STATE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Cumberland, Maryland 21502 231 NAME OF CEMETERY OR CREMATORY Cumberland Allegany 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Julia Davidson Mandalle

- STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO LAST 2a DATE OF DEATH 1. DECEASED NAME FIRST 10:30 A. (TYPE OR PRINT) PEARL LOUISE MONGOLD OCTOBER 10, 1984 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Female White MONTH July 19. Le. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18 CITY OR TOWN OF DEATH F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MEMORIAL HOSPITAL & MEDICAL CENTER CUMBERLAND ISUAL RESIDENCE (IF NURSING HOME OF OTHER METITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Wiley Ford West Virgin 15. MOTHER'S MAIDEN NAME IN FATHER'S NAME Lillian Floyd Bryant 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 232-72-9615 Raymond L. Mongold, husband NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c); PART I. DE ATH WAS CAUSED BY Candlese IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 **IFICATION** 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INTURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET FACTORY, OFFICE FARM ETC.) AT WORK NOT WHILE 22a 1 certify that (1) this haspital) attended the deceased from. 19\_\_\_\_\_\_, and that in (our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 224 PHYSICIAN'S NAME (TYPE OR PRINT) 27. 955 Frederick St.

DR. ANTHONY J. BOLLINO, JR. 23e BURIAL CREMATION, REMOVAL 73h DATE 10/13/84 Burial

Sunset Memorial Park 14 FUNERAL DIRECTOR Leasure-Stein Funeral Home, Inc.

(VRA 15, 4)

230 Baltimore Ave. Cumberland, Md 21502

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

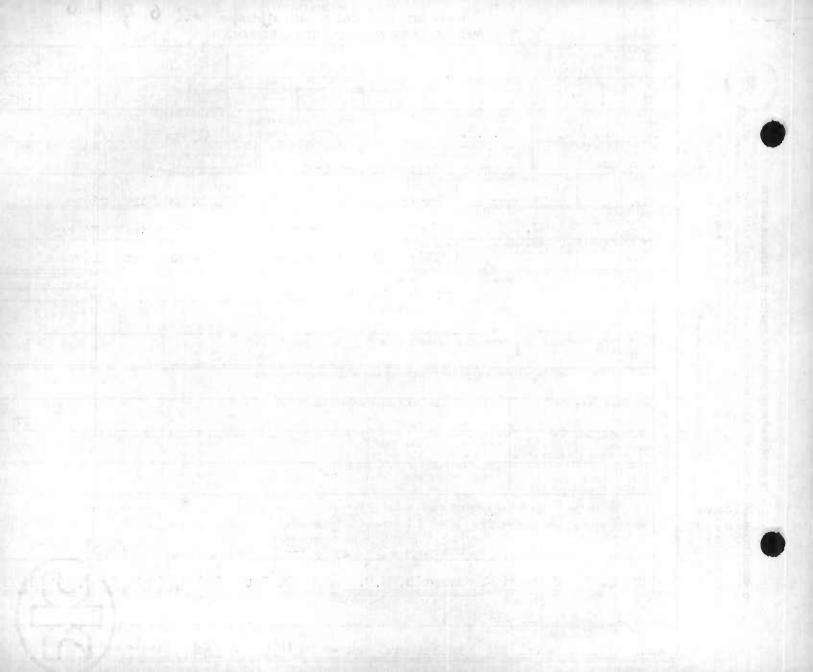
250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE menacularidon handale

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	3. SEX	4. R	usty	5. DATE OF BIRTH		AGE (IN YEARS IF	UNDER TYR.	IF UNDER 24	4 HRS. 2c. DA	TE	MONTH		
		M	W	8 19		84 YRS.	NTHS DAYS	HOURS /	PRONO DE	AD .	10-30-	- 1984	4:05p
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2	J.	est Virg	inia	U.S.A	•		WECXX	DIVORCED	Al USUAL OCC	legan	y	12h KIND OF E	MD.
			DEATH	(IF NOT IN SUCH F	ACILITY, GIVE STREE			TION	FOR MOST OF W	ORKING LIFE)	TYPE OF WOR	OR INDUS	
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100	-	1hort		MIDDLE	Nolan	d	Lau	ra		Virgi	nia	Kieter	
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	NOI	cause (a) sta lying cause l		DUE TO, O	R AS A CONSE		EASE OR CONDITID	N GIVEN IN PART	ł (a),	n F	>		
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	Re	moval		10-31-84				NA DATE DE	C'D. BY REGIST	DAD INEL DE	CICTRACC	CICALATURE	
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W. PRESTON STREET,	Nale	4 RACE White	seph Rob  S. DATE OF BIRTH MONTH DAY  June 7,1	YEAR		IF UNDER 1 YR.	IF UNDER	24 HRS. 2c. DA	HINCED	MONTH ov. 2	DAY YEAR 19 84	11a	
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/	FATHER'S NAME FIRST	nfn	WIDDLE		LAST		HER'S MAIDE FIRST nmn	NAME	MIDDLE		LAST		
1	160. WAS DECEA! (YES, NO, OR UNK NO	SED EVER IN U.S. AR NOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)		1AL SECURITY N 2-03-797	_		rah Ann	ADDRES Swiger		ughter ind, Md.		
RIAN CREMATION, OR REMOVAL.	gave couse lying c	tions, if ony, which rise to immediate (o) stating the under- couse last.	(b)		SEQUENCE OF	OISEASE OR CONDITI	ION GIVEN IN PAR	RT 1 (a).					
201 PRIOR TO BURIANC	TIFIC	OF OPERATION		dition for which operation was performed?							20 AUTOPSY?  YES NO		
9	S UNDERLY IN	TING CAUSE OF	DEATH P.M.	MONTH	DAY YEAR		RY OCCURRE	D (ENTER NATURE OF	F INJURY IN ITEM 1	8 PART I OR PAR	T 2)		
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4.00	(SPECIFY) Bu		23h. DATE 11-5-1984			ery or crema Cemeter	TORY	23d LOCATION CITY OR TOWN Cumbe	erland,	Alleg	gany, Md	ATE	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYOPINE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-Robert DEATH MATED Price 3 SEX 4 RACE IF UNDER 24 HR DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED Feb.18,1917 Male White 67 YRS DEAD 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXVEVER MARRIED FOREIGN COUNTRY! Penna. USA Allegany DIVORCED II. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 2, AND 3 TO THE 3. RETAIN PAGE SHOULD BE FILED A RECORDS, 201 V 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Ret. Teacher Cumberland Sage Ave. Schools 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD Allegany Cumberland 11903 Sage Ave. SW 21502 YES [ NO IX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Walker Thomas Prices Margaret 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 21502 (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW II 116-07-8035 Helen Marie Price Yes Cumberland, MD 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH ED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHC EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI TO EUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIL YES NO [ 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Notural causes Accident Homicide Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME rancisco (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE Oct.22,1984 RockyGapVets. Burial Flintstone BP Cem. 24 FUNERAL DIRECTOR William G. Kight **DHMH - 17** from your all a from Cumberland, MD (VR A15 ME (51) 20M 4/82

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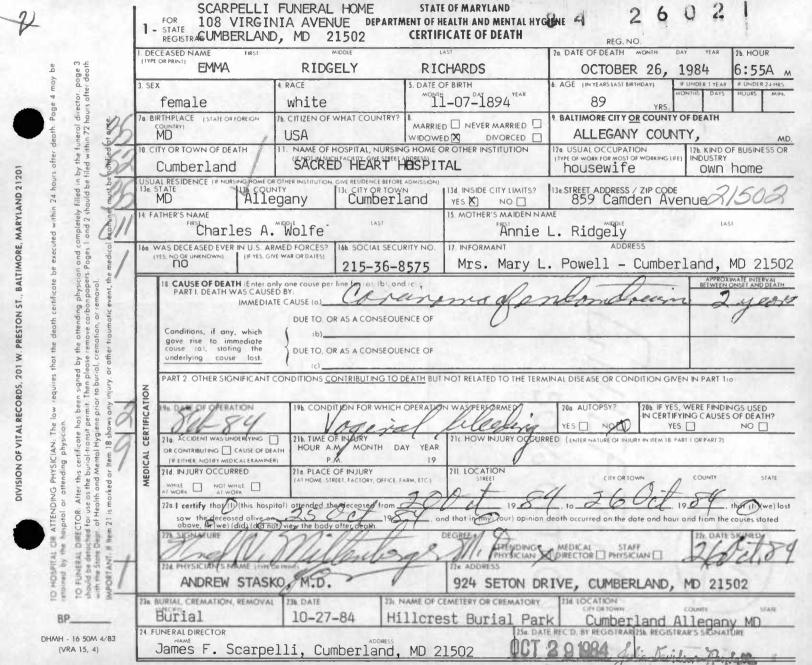
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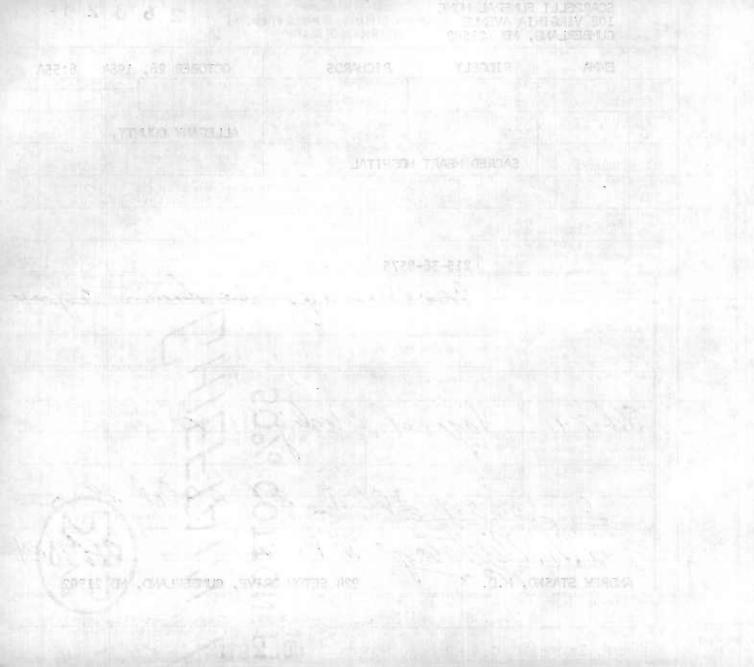
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Dell'ind	1	TY OR TOWN OF DEAT			TAL, NURSING H ITY, GIVE STREET ADDR HEART	OME OR OTHER IN	STITUTION	120 USUAL OCCUPA	TION 1 TOF WORKING LIFE)	26. KIND OF NOUSTRY	BUSINESS OR
d bind b	13a S	AL RESIDENCE (IF NURSIN TATE WVa	Grant	13c. C	SIDENCE BEFORE ADA ITY OR TOWN Petersbu	13d. INSIDE	CITY LIMITS?	13e.STREET ADDRESS	S / ZIP CODE PE	etersb	urg, WVa
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Then pl ir to buri injury, o	NOI	PART 2. OTHER SIGN	FICANTOND	TIONS CONTRI	BUTING TO DEA	M BUT NOT RELATE	D TO THE TERMIN	CORUM	AMA CH	PART 110	9.
giene prio	CERTIFICATION	19a DATE OF OPERAT				RATION WAS PERF	ORMED	200 AUTOPSY? YES NO	206. IF YES, WE IN CERTIFYING YES	G CAUSES C	USED DEATH?
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of Health and Mento	W	220 I certify that (I) (	this hospital) at	10/1	1 1989	and that in (my	, 19 y) (our) opinion de	, to on the	dote and hour and		uses stated
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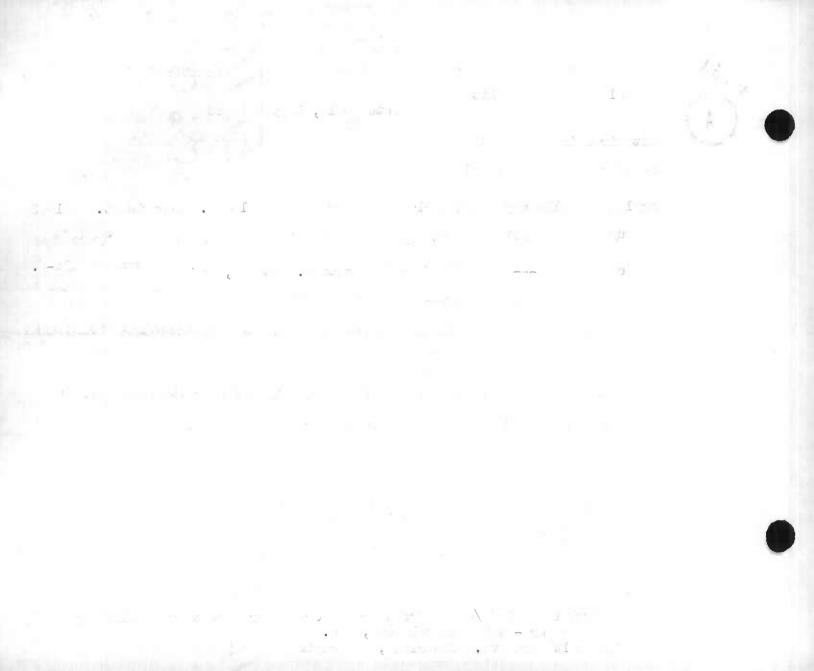
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Г.	SEX Ma		White	5. DATE OF BIRTH	1 3 AR	6. AGE (IN YE	AY) MONTH	DER 1 YR.	HOURS		PRONOUNCED 10-		DAY YEAR	2d. 1
Sa.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  BLISDURY, Pa.   7b. CITIZEN OF WHAT COUNTRY?  WIDOWED A DIVORCED   7b. CITIZEN OF WHAT COUNTRY?  WIDOWED A DIVORCED   7b. CITIZEN OF WHAT COUNTRY?  WIDOWED A DIVORCED   7c. CITIZEN OF WHAT COUNTRY?													
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13	3a. S1		13b COUI Alle	OR OTHER INSTITUTION, GI	13c. CIT	e BEFORE ADMISS Y OR TOWN berlan		13d. INSIDE (	CITY LIMITS?	13e. STRE	ET ADDRESS 142 Blaul A	lve.	215	U
æ		THER'S NAME						15. MOTH	IER'S MAIDE	EN NAME			LAST	
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		210. EXTERNAL UNDERLYING CONTRIBUTIN	_		MONTH	DAY YEA	21c. HC	YAULMI WO	Y OCCURRE	D LENTER N	NATURE OF INJURY IN ITEM 18	PART 1 OR PA	ART 2)	
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		22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . Inquiry . Inquiry .												
1		deoth resulted	from: Nati	ural causes X,	ccident	∟, S	ricide	, Homi	SPECIFY)	Undete	ermined monner,			
4		ACTUAL SIGNATURE	·ra	Mento	uyz		м	Depu	ity	MEDI	CALEXAMINER	DATE	10-17	-19
4	-	EXAMINER'S N	AME Dr.	Francisco	Rey	es M.D		ADDRESS_	900	Set	on Drive, C	umbe	erland, M	d.
2.	30.BL		ON, REMOVAL			NAME OF CE				23d. LO	CATION	cou	JINTY	STATE
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12	24. FU	NERAL DIRECT		ADDRESS						-	REGISTRAR 256. REG	ISTRAR'S	SIGNATURE	
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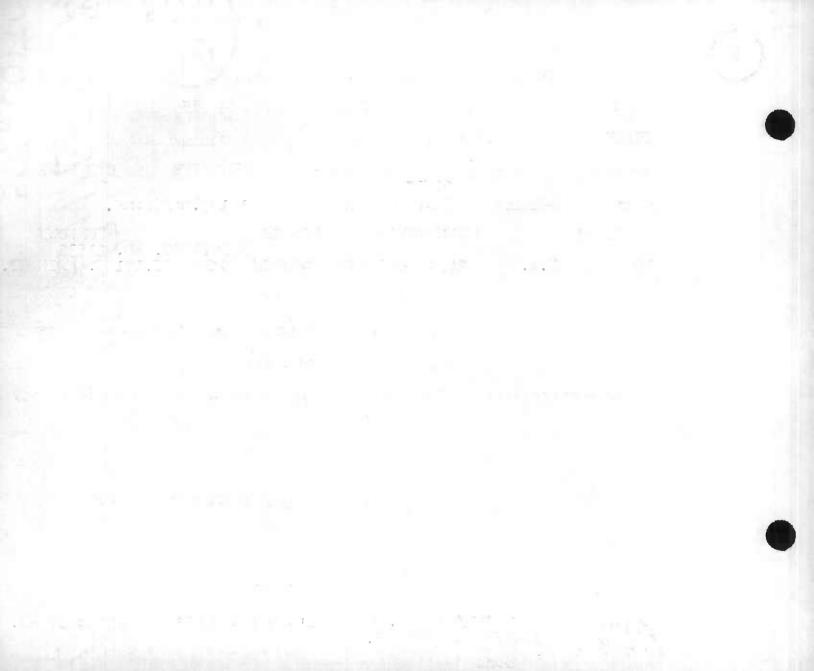
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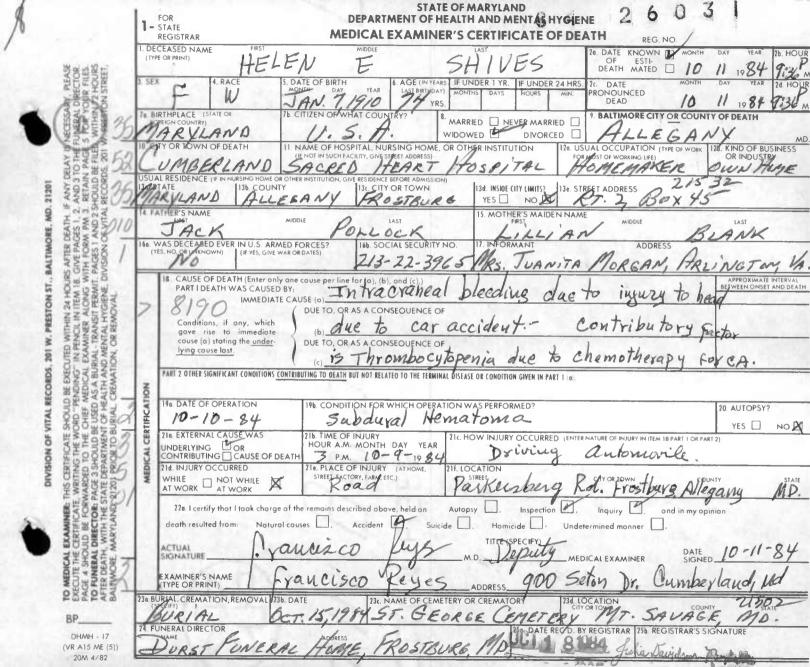
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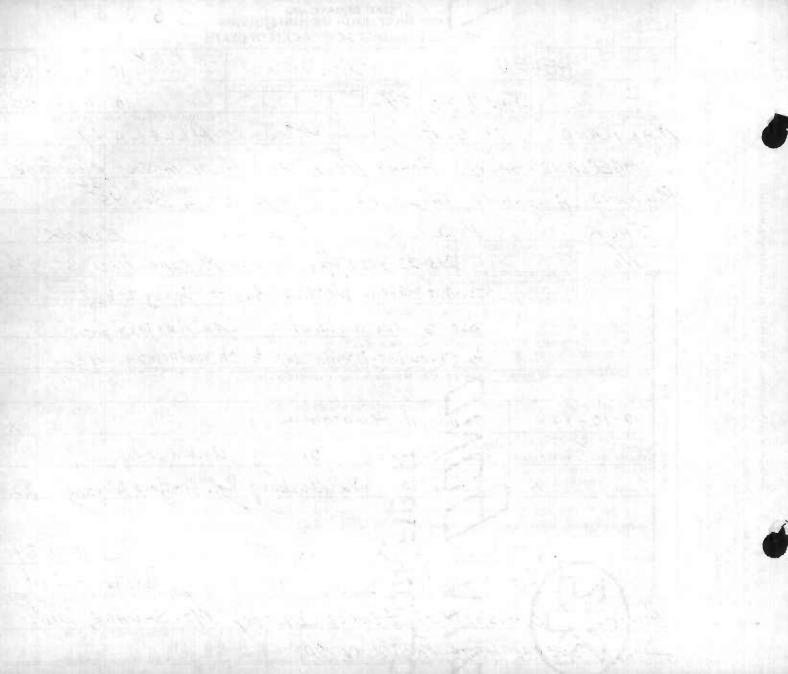
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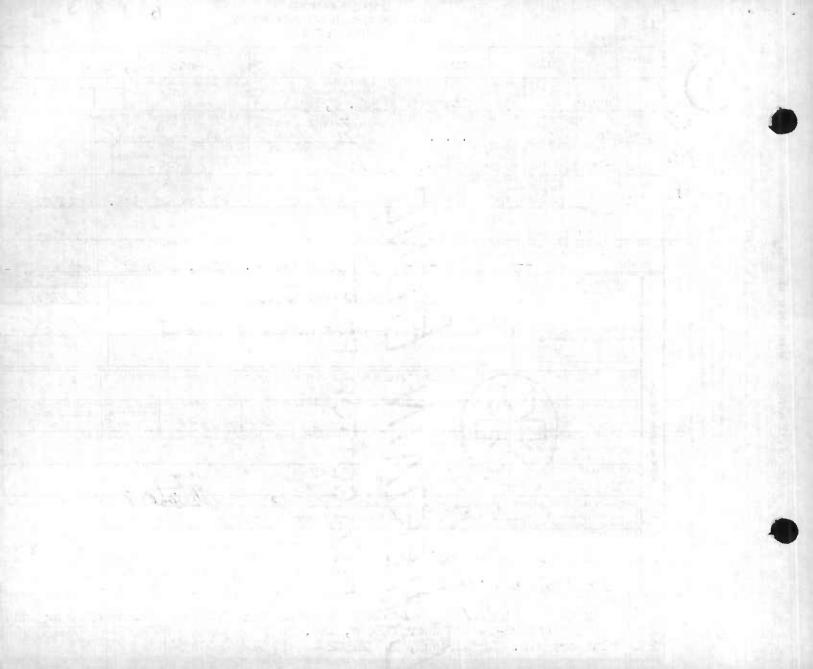
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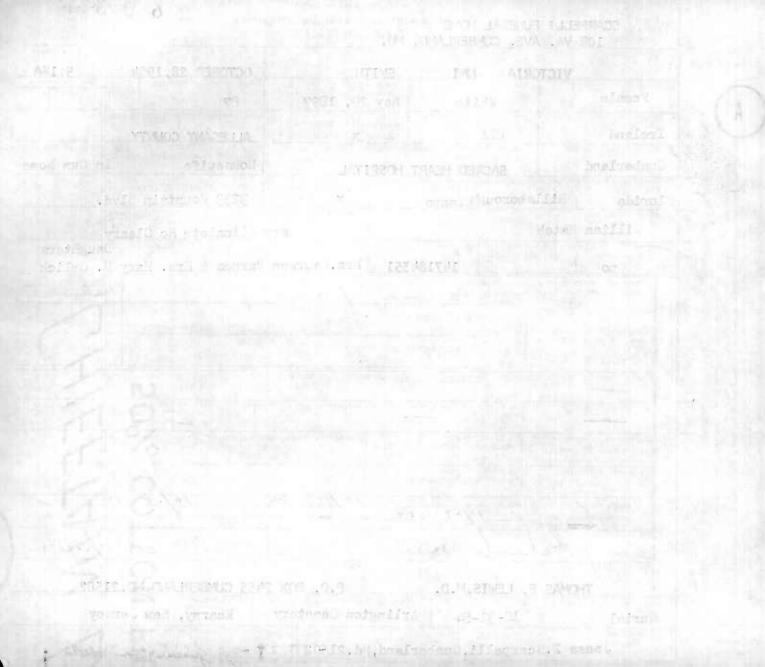






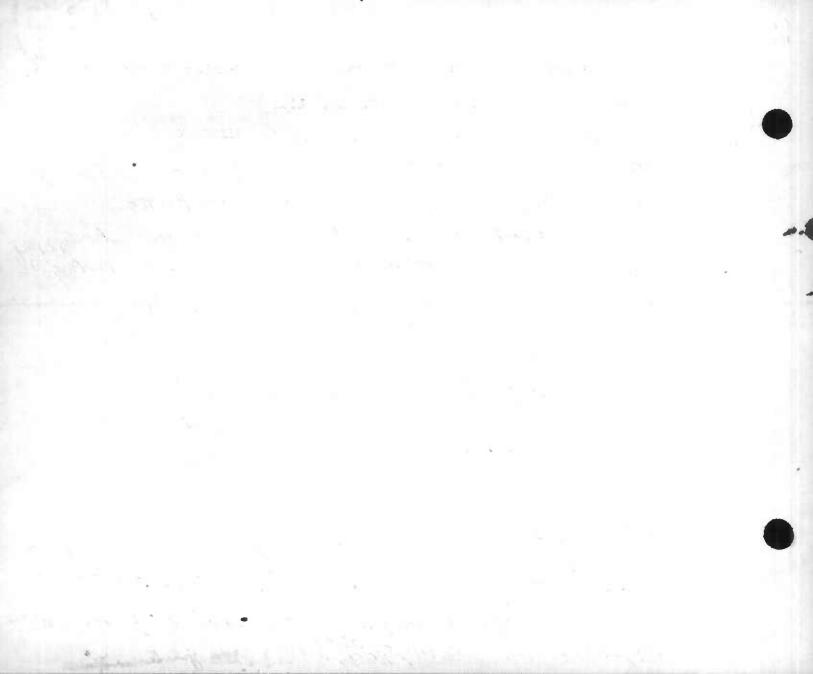
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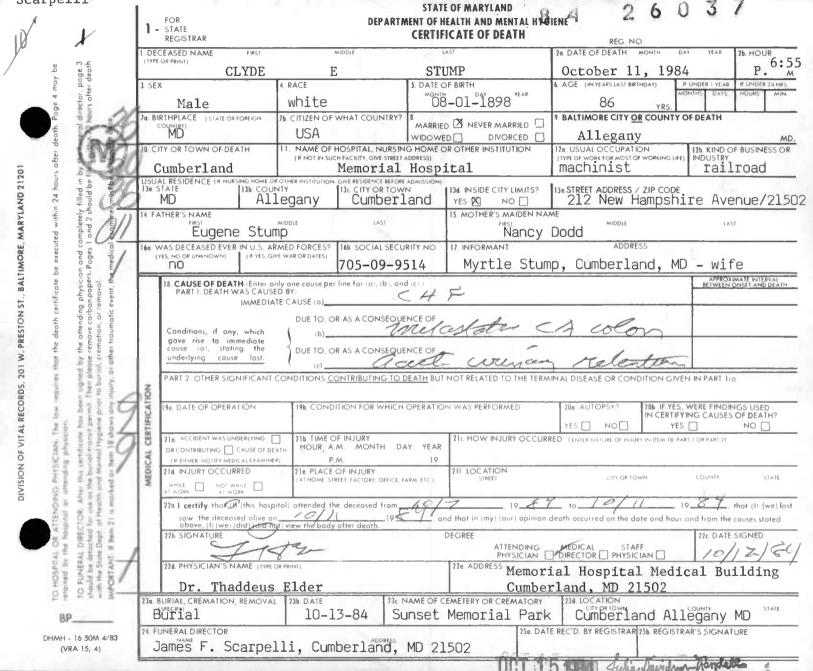




STATE OF MARYLAND
DEPARTMENT CHESTEN AND MENTAL HYGIENE









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ing plubang premiserement		18. CAUSE OF DEATH (Enter only one couse per line) or (a), (b), and (c.)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  CAUSE  TO SHARE OF THE CAUSE (b)  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH									
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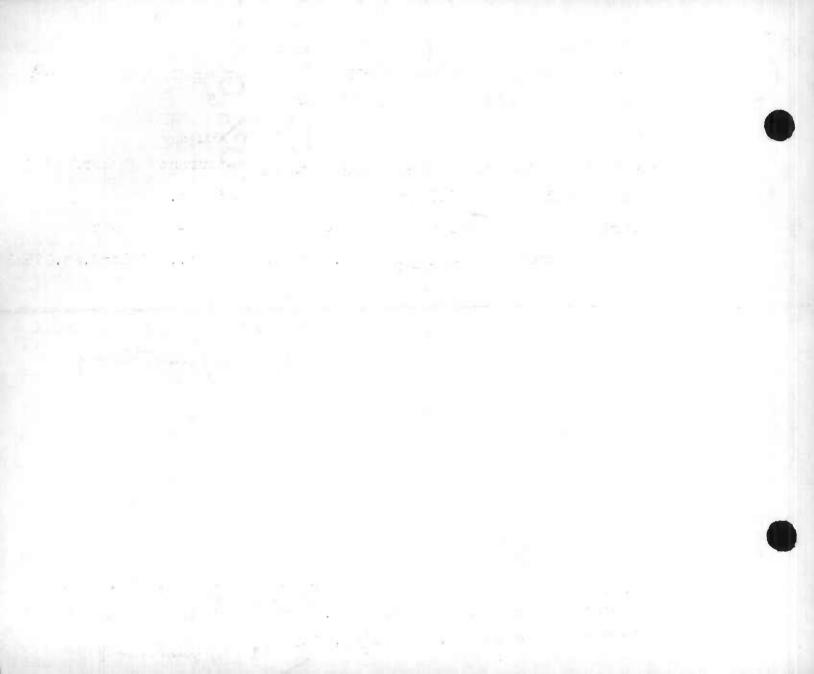
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEBIENE

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(VRA 15, 4)

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FOR - STATE

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(VRA 15, 4)

Larry S. Miller

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEBIENE

2b. HOUR

:30

IF UNDER 24 HRS

1984

LAST

BETWEEN ONSET AND DEATH

25 yrs.?

COUNTY

22c DATE SIGNED

10/27/84

STATE

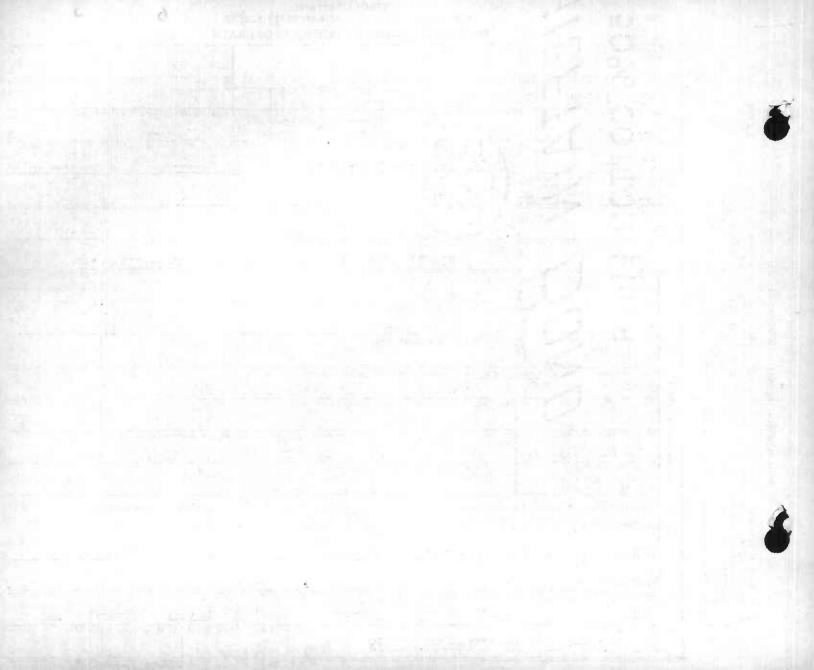


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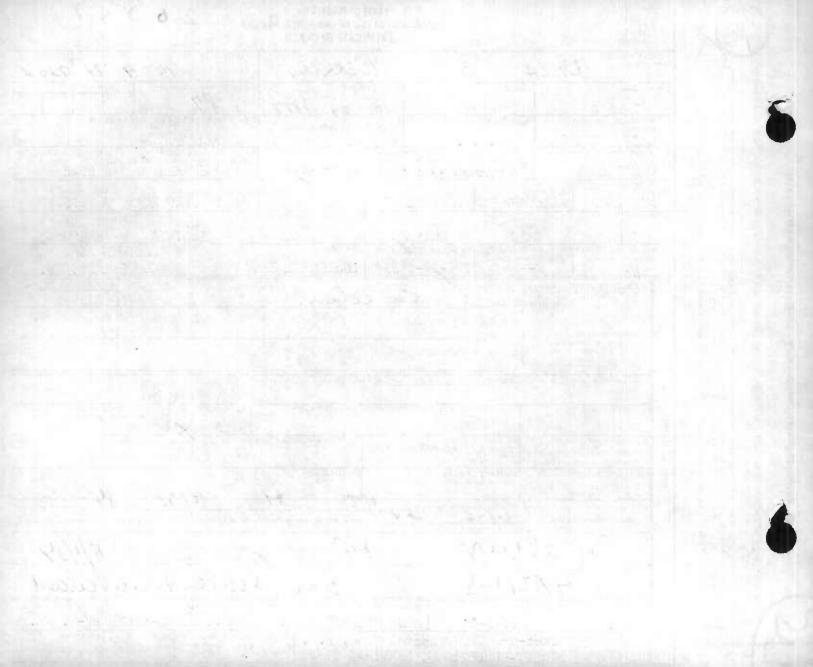
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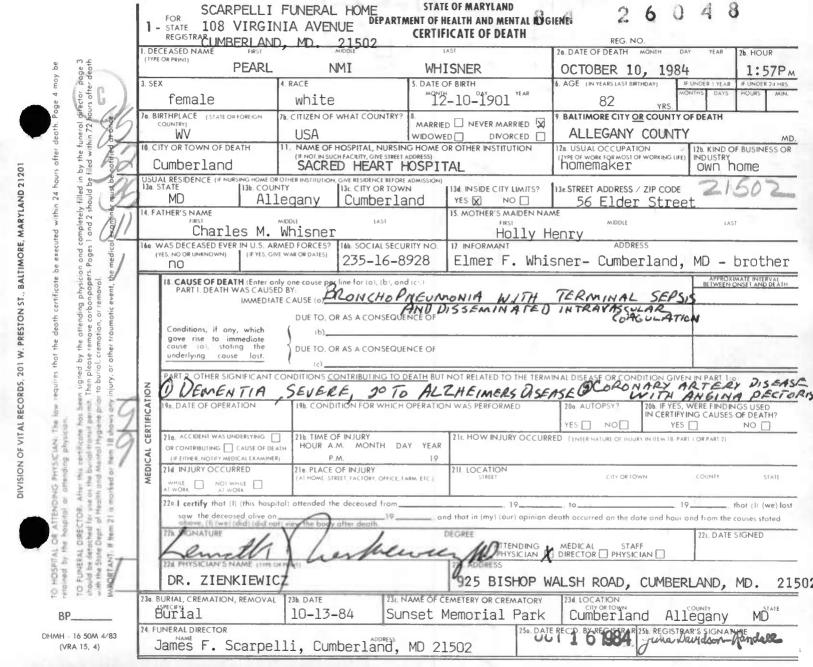
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1	N	Marylan	d	USA			WIDOWED			USUAL OCCU	llegar	NV		MD.
A	10. CI	Y OR TOWN	OF DEATH	NAME OF HOS	PITAL, NURS	SING HOME,	OR OTHER	INSTITUTIO	N 12a L	USUAL OCCU	PATION (T	YPE OF WORK 12	OR INDUS	USINESS
	1	Oldtow		Julia	a Mars	shall H	ome C	are		Labor			Constr	
-	USUA 13a. ST	L RESIDENCE ATE	(IF IN NURSING ADME	OR OTHER INSTITUTION, GIV	13c. CITY C	EFORE ADMISSION	1)	. INSIDE CITY LI	IMITO II S	STREET ADDRE	500		1.5	
1	N	farvlan	d Garr	rett		zmille			10 🗆	Main S			021	15.38
1		THER'S NAME		MIDDLE		AST		MOTHER'S	MAIDEN NA	MF	AIDDLE		LAST	
1		loseph		J.		cht		Ora	2	^	NIDUEE		Amold	
5	1.6a. W		DEVER IN U.S. AF	RMED FORCES?		AL SECURITY	NO. 17.	INFORMAN	VT	15.1	ADDRES	SS	שרחסדת	
P	(1)	NO	(IF TES, GIV	E WAR OR DATES)	218	12 586	1	Remi	ice Wei	icht	Kitz	miller	ма	
E. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH IE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, WARRARDED TO THE CHIEF MEDICAL EXAMINER ACIONG WITH FORM PM. F. PAGE 35 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OPWIT 9, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.			F DEATH (Enter a	nly one cause per line	for (a). (b)	and (c).)	-	ICLIU	LCC YYC.		NIL2	THE LEFT	A PPR OXIAA A	TE INTERVAL
		PARTIDE	ATH WAS CAUSE	nly one cause per line ED BY:	rdio-	pulmon	ary ar	rest					SUOC	
WITHIN 24 HOUR FENCIL IN ITEM 18, MINER ALONG TRANSIT FRAMIT. INTAL HYGIENE, D OR REMOVAL.			IMMEDIA	ALL CHOOL (O)		SEQUENCE OF							Dade	AC11
			ns, if any, which	h Co		y arte		ert di	sease				yea	re
			se to immediate stating the under	e / (b)		EQUENCE OF	,						yes	113
		lying cau		, DOL 10, OK	AS A COINS	LGOEINCE OF								
		PART 2 OTHER ()	CHICKANI CONDITIONI	(c) S CONTRIBUTING TO DEATH I	HIT NOV BELAYE	TO YO YUE YERMAN								
	2										- 01			
	CERTIFICATION	19n DATE OF	OPERATION	from old	TTACL	HICH OPERA	TON WAS	al pl	ace in	sertio	n 31 '	years	100 11:555	
1	FIC.	1953	0.2871014			skull	IIOIN WAS	FERFORMEL	v:				20 AUTOPS	
	1		AL CAUSE WAS	216. TIME OF		SKUII	In. 110111	INTUING CO	CUBBES				YES 🗌	NOX
(	C	UNDERLYING	OR	HOUR A.M	MONTH !	DAY YEAR						18 PART 1 OR PART	2)	
9	CA		NG CAUSE OF		F (5.11118)				t rela	ted to	deatl	h		
	MEDICAL	21d. INJURY C	OCCURRED  NOT WHILE	21e PLACE C	OF INJURY ORY, FARM, ETC		211. LOCAT	T		CITY OR TO	WN	COUN	TY	STATE
		AT WORK	AT WORK					Not	known					
		22a 1 certi	fy that I took char	ge of the remains des	ribed abav	e, held an	Autopsy	, Ins	spection X	Inquiry	XX.	and in my apin	uon	
	1	death result		ural causes XX	Accident		de .	Hamicide		determined me				
			The	0/	1			TITLE (SPEC						
		ACTUAL SIGNATURE	V 100	VIA	122	/	MAG	t Dot		EDICAL EXAM	AINIED	DATE	0-22-8	/1
7			V	1/	-			C DPC	<u>y</u> m	SEDICAL EXAM	AINEK	SIGNELL	0-77-0	4
6		EXAMINER'S (TYPE OR PRII	NAME I	Paul Snow,	m.d.		ADI	DRESS	Memoria	al Hosi	oital	1		
1	73a.80	IRIAL, CREMA	TION, REMOVAL			AME OF CEME			23d.	LOCATION		· ·		
	(5)	Burial	0,81116	10-25-84		OOF Cer			F	Elk Gar	den	Minera	al W.	Va
	24. FU	INERAL DIREC										GISTRAR'S SIG		
	D	avid A	. Burdock	Kitzmill	er, Md	. 2153	8	007		004				
									201	3 3 4 7	100000	CANCEL COM		



12	1 -	STATE REGISTRAR		DEPARTA		FICATE OF DEATH	REG. N	0.		
deoth		CEASED NAME WILL	14	B	4	UERKING	20. DATE OF DEATH	MONTH DAY	YEAR SH	26. HOUR 920 M
o ter d	3. SE.	+	4. RACE		5. DATE	H DAY YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
14	3. 01	FMALE		ITF	10	09 1897	8/	YRS.		
16	- 1	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE CITY C		FUEAIH	
70 11		WEST VIRGINIA	U.S	4	WIDOW	ED X DIVORCED DO OTHER INSTITUTION	ALLEGA		12h KIND C	OF BUSINESS OR
10		CUMBERLAND	ALIF NOT IN SU	CHEACILITY, GIVE STREET		1 1/2 2.1	HOMEMAK	F WORKING LIFE	INDUSTRY HO	
4	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL		13c. CITY OR TOW CUMBERL	'N	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS WINIFRE	D ROAD	/ 2	1502
11	14. FA	THER'S NAME FIRST  JOHN	MASON	SHIPM	AN	15. MOTHER'S MAIDEN NAME FIRST SARAH	ME VIRGI	NIA	LUNK	NOWN)
		VAS DECEASED EVER IN U.S. A		166. SOCIAL SECU		17. INFORMANT		SS BEDFO	RD RO	AD
1	,	No		213-24-8	935	LOUISE WISEM	AN	CUMBE	RLAND	. MD.
53		18 CAUSE OF DEATH (Enter of	inly ane cause pe			D				MATE INTERVAL ONSET AND DEATH
		PART I. DE ATH WAS CAUS	ATE CAUSE (0)		a	coton.				
		C 17	DUE TO, C	R AS A CONSEQUE	NCE OF					
		Conditions, if any, which gove rise to immediate	(b)_							
		couse (a), stoting the underlying cause last.	DUE TO, C	R AS A CONSEQUE	NCE OF					
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO [	DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	a ·
1	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V		NGS USED OF DEATH?
1	RTIF	AL ACCIDENT WAS INDERIVANCE	7 21b. TIME C	DE INTUINA		121. HOW BURN OCCUPA	YES NO	YES		NO 🗌
4		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED		.M. OF INJURY	19	21f. LOCATION				
	ME	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
	41	22a.1 certify that (I) (this has	nital) attended t	ne deceased from	- (	12 10 81	10/1	10	34	About (1) (sup) los
18	100	sow the deceosed alive a	10/2	6 19	4 6	nd that in (my) (aur) opinion	death accurred an the d	ate and hour a	nd fram the	causes stated
	Y	nbove, (I) (we) (didnisted n	the body	after death.		DEGREE		- 100	22c DATE	SIGNED
	1	Ha	elw	V	- 110	MU ATTENDING	MEDICAL STA		11/1	184
		PHYSICIAN'S MANE TIME	HTM-	2		22. ADDRESS	Gelley	t. Cu	bei	lad.
_		URIAL, CREMATION, REMOVA			NAME OF	EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE
		BURIAL	11-3-			LL CEMETERY	MARTINSBU			
2		INERAL DIRECTOR GEOR					REC'D. BY REGISTRAR	256 REGISTRA		
		202 GREENE STR	EET-CUME	BERLAND. M	MARYLA	ANU 21502 110V	1984	10.00	2000-010	- Sandage

STATE OF MARYLAND

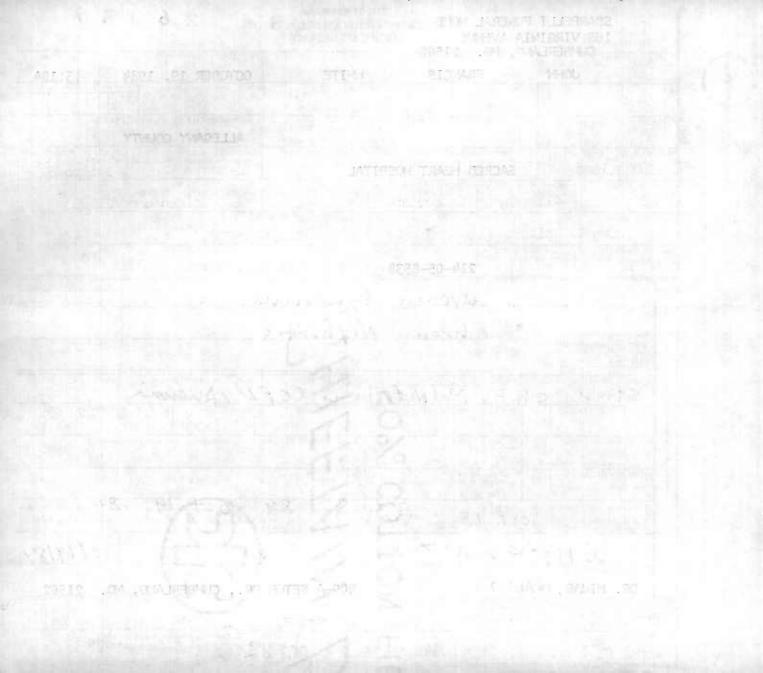




S. Streik Helm oil Mo. 41.5

I we it

/		EASED NAME CUMBERL	AND, MD MIDDLE 2150	2 LAST	REG. NO.  26. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
34 1	(TYPE	JOHN	FRANCIS	WHITE	OCTOBER 19, 1984	3:10A M
4/	3. SE)		4 RACE	5. DATE OF BIRTH	MONI	NDER I YEAR IF UNDER 24 HRS
11	_	nale	white	04-21-1898	86 <sub>YRS.</sub>	
2 44		RTHPLACE (STATE OR FOREIGN GUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF	DEATH
10	. (	TY OR TOWN OF DEATH	USA	WIDOWED DIVORCED  JRSING HOME OR OTHER INSTITUTION		MD. 17b. KIND OF BUSINESS OR
52		Cumberland	(IF NOT IN SUCH FACILITY, GIVE SACRED HEAR	TREET ADDRESS)		railroad
95	130 S	TATE  ALL  ALL  ALL  ALL  ALL  ALL  ALL	rother institution, give residence NTY 13c. CITY OR Legany Cumbe	erland   13d INSIDE CITY LIMITS	800 Golden Lane.	/21502
John T. Wh			MIDDLE LASI	15 MOTHER'S MAIDEN FIRST Brid	get Burns	IAST
medico		VAS DECEASED EVER IN U.S. AR (ES, NO ORUNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL 214-05	SECURITY NO. 17 INFORMANT S-8538 Ruth Kiro	ADDRESS Chner, Cumberland, MD	
ent, the		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE		or, and con franchis	100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ofic ev		IMMEDIA	DUE TO, OR AS A CONS			
on mo		Conditions, if any, which	( b) Chro	4/00/	2'1	
: ≒		gave rise to immediate				
other		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS	EQUENCE OF		
jury, or other	No	cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(c)		TERMINAL DISEASE OR CONDITION GIVEN I	IN PART 1(a
ws ony injury, or other	IFICATION	cause (a), stating the underlying cause lost	conditions contributing		200 AUTOPSY? 200 IF YES, WIN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH?
18 shows ony injury, or other	CERTIFICATION	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING  TO THE TOP THE TOP TO THE TOP	TO DEATH BUT NOT RELATED TO THE TO ME TO THE T	200 AUTOPSY? 206. IF YES, WI	ERE FINDINGS USED G CAUSES OF DEATH? NO
		Cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  STORY  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	CONDITIONS CONTRIBUTING  19b. CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	200 AUTOPSY? 200 IF YES, WIN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH? NO
rked or Item 18 shows ony injury, or other	MEDICAL CERTIFICATION	Cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  STORY  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTING  19b. CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR  19  211 LOCATION	200 AUTOPSY? 200 IF YES, WIN CERTIFYING YES NO YES CURRED (ENTER NATURE OF INJURY IN ITEM IB PART I	ERE FINDINGS USED G CAUSES OF DEATH? NO
Hem		COUSE (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE AT WORK AT	CONDITIONS CONTRIBUTING  19b. CONDITION FOR W  19b. CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OF	DAY YEAR  19  216. HOW INJURY OC  STREET  19  211. LOCATION  STREET	200 AUTOPSY? 200 IF YES, WIN CERTIFYING YES NO YES CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1	ERE FINDINGS USED G CAUSES OF DEATH? NO  I OR PART 2)  COUNTY STATE
Item		COUSE (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  STORY  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a I certify that (1) (this hosp saw the deceased alive ar above, (1) (we) (did) (did not above, (1) (we) (did)	CONDITIONS CONTRIBUTING  19b. CONDITION FOR W  19b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OF	DAY YEAR  19 211 LOCATION  STREET  19 214 , and that in (my) (our) april	200 AUTOPSY? 200 IF YES, WIN CERTIFYING YES NO YES CURRED (ENTER NATURE OF INJURY IN ITEM IB PART I	ERE FINDINGS USED G CAUSES OF DEATH? NO  ORPART 2)  COUNTY STATE  Add from the couses stated
If them 21 is marked or Item		COUSE (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  STORY  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE OBOVE, (I) (we) (did) (did not 27b. SIGNATURE	CONDITIONS CONTRIBUTING  19b. CONDITION FOR W  11c) 21b. TIME OF INJURY  (A1 HOME STREET FACTORY OF	DAY YEAR  19 211 LOCATION STREET  DEGREE  ATTENDIN PHYSICIA	200 AUTOPSY? 200. IF YES, WIN CERTIFYIN YES NO YES CURRED (ENTERNATURE OF INJURY IN ITEM IS PART I  CITY OR TOWN  19 19 19 19 19 19 19 19 19 19 19 19 19 1	ERE FINDINGS USED G CAUSES OF DEATH? NO  I OR PART 2)  COUNTY STATE
he State Dept. of Health and Mental RTANT. If hem 21 is marked or Item 3		COUSE (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  STORY  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a I certify that (1) (this hosp saw the deceased alive ar above, (1) (we) (did) (did not above, (1) (we) (did)	CONDITIONS CONTRIBUTING  19b. CONDITION FOR W  19b. CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (A1 HOME STREEL FACTORY OF	DAY YEAR  19  211. LOCATION  STREET  219  211. LOCATION  STREET  219  211. LOCATION  STREET  219  210. And that in (my) (aur) april  DEGREE  ATTENDIN  PHYSICIA  220. ADDRESS	200 AUTOPSY? 200. IF YES, WIN CERTIFYIN YES NO YES CURRED (ENTERNATURE OF INJURY IN ITEM IB PART I  CITY OR TOWN  19 19 19 19 19 19 19 19 19 19 19 19 19 1	ERE FINDINGS USED G CAUSES OF DEATH? NO DEATH?
State Dept. of Health and Mental	WEDICAL WEDICAL	COUSE (0), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  STORY  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE  21d IN JURY OCCURRED  WHILE AT WORK AT WORK  220 I certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did not 27b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE)	CONDITIONS CONTRIBUTING  19b. CONDITION FOR W  19b. CONDITION FOR W  19b. CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OI  intol) ottended the deceased fi	DAY YEAR  19  211. LOCATION  STREET  219  211. LOCATION  STREET  219  211. LOCATION  STREET  219  210. And that in (my) (aur) april  DEGREE  ATTENDIN  PHYSICIA  220. ADDRESS	200. AUTOPSY?  200. AUTOPSY?  200. IF YES, WINCERTIFYING YES   CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1  CITY OR TOWN  C	ERE FINDINGS USED G CAUSES OF DEATH? NO DEATH?



20M 4/82

STATE OF MARYLAND

THE RESIDENCE AND ADDRESS OF THE

campletely filled in by

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	6	1	200	- 1
See	Q	1		4

	1 -	FOR STATE REGISTRAR		DEPARTI		EALTH AND	MENTAL HYĞ DEATH	SIENÉS	REG. NO.	) ¿	J -			
1		EASED NAME FIRST		WIDDLE	Ĺ	AST		20. DATE OF	DEATH MO			YEAR	25 HOU	
1	(TYPE (	OR PRINT)	arles	F	Wi	nner			10	) 2	20	84	8:5	Jb w
1	3. SEX		4 RACE		5. DATE C	F BIRTH		6. AGE (IN YE	EARS LAST BIRTHDA		IF UNDER	I YEAR	IF UNDER	24 HRS
		Male	Whi	te	MONTH	2	90	1	94	YRS.	MONTHS	DATS	NOURS	MIN.
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	B MAPPIE	NEVER	MARRIED -	9 BALTIMO	RE CITY OR C	OUNTY	OF DE	ATH		
F		Maryland	United	States	WIDOWE		NORCED	A-	llegany	/			м.	MD.
-	IO CIT	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	12a USUAL C	CCUPATION FOR MOST OF WO			JSTRY	BUSINE	SSOR
		Frostburg		ostburg C		itv Ho	spital		visor				ool	
	USUA 13a S	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)		CITY LIMITS?	13e STREET A	ADDRESS / ZI	IP CODE				
1	Ma		llegany	Mt. Sa		YES 🔼	NO 🗌		Columbi			215/	5	
		THER'S NAME	WIDDLE	LAST		15. MOTHER	'S MAIDEN NA	ME	MIDDLE			LAST		
1		Edward		linner		Mai	rgaret			Mul	llan	ey		
	16a W	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORM	ANT		ADDRESS					
		ES NO OR UNKNOWN) (IF YES, C		215-10-1	288	M. Mai	garet V	Winner,	Same	as ]				
		PART I. DEATH WAS CAUS	SED BY:			2.00	401	FAIL	105		BI	APPROXI	MATE INTE	DEATH
		IMMEDI	ATE CAUSE (o)	CARDI		PIRAI	ORY	TAIL	1166		_			
		Conditions, if ony, which	DUE TO, C	INTRACT	ABI12	COA	GEETIN	E HE	ART FA	4164	02			
		gave rise to immediate cause (a), stating the	}				0.621.0	0 17.0				-		
		underlying couse lost	DUE 10, C	RAS A CONSEOU	lero 7	ic He	FART DI	SEASE.						
		PART 2 OTHER SIGNIFICANT							ORCONDIT	ION GIV	ENIN P	ART 110	) 1	
	o N	CHRONIC		TIVE PULH					RENAL	FAI	144			
1	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	200 AUTO		Ob. IF YES				
-	RTIF							YES 🗌	NO		S 🗌		NO [	]
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	LIGHT A		AY YEAR	21c HOW II	NJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN	N ITEM 18 F	PARTIOR	PART 2)		
	WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	(ER) P	.M.	19									
	MED	21d INJURY OCCURRED		OF INJURY	FARM ETC )	21f LOCAT			CITY OR TOWN		COL	YIM		STATE
		AT WORK AT WORK			015	1,2	1721	t	067. 2	0	0	//		
		22a I certify that (I) (this has saw the deceased alive of	A		24	nd that in (my	, 19	, 10			19 <u>0°</u> Lond fu		that (I) (	
		obove, (I) (we) (did) (did i 22b. SIGNATURE	not) view the body	ofter death.		DEGREE	, (601) Opinion	deam decorre	3 On the dote	01101100			SIGNED	J160
		S.C.	Leve	MAD			ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	N		DAIL	SIGINED	
*****		226. PHYSICIAN'S NAME (TYPE				22e ADDRE								_
		Dr. S.	Chang					Terrac		tbur	g, N	טו	2153	2
		URIAL, CREMATION, REMOVA					CREMATORY	23d. LOCA	OR TOWN		COUNT	Y		STATE
		Burial	Oct. 2	3,1984 S	t. Par	trick (	emeter	y Mt.	Savag	e,	Ule	gany	, M	1.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached far use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene priar ta burial, cr

IMPORTANT: If Hem 21 is marked or Hem 18 shows

Burial
24 FUNERAL DIRECTOR
Durst

Frostburg, MD

Mt. Savage, Allegany, Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

18 shows any injury, or other troumatic event, the

IMPORTANT: If them 21 is morked or them

STATE OF MARYLAND	44
DEPARTMENT OF HEALTH AND MENTAL	NUGIENE
CENTIFICATE OF DEATH	

FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL (A) CERTIFICATE OF DEATH	GIENE Z O U	2 4
I DECEASED NAME FIRST	MIDDLE	LAST		AY YEAR 2b. HOUR
(TYPE OR PRINT) CHARL	OTTE DALE	WINTERS	OCTOBER 29, 1984	3:03A. <sub>M</sub>
3. SEX	4 RACE	5. DATE OF BIRTH		FUNDER 1 YEAR FUNDER 24 HRS
Female	White	4 1 32	52 YRS.	ONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 8	9 BALTIMORE CITY OR COUNTY	OF DEATH
P/é Pa.	U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED	. 1	tvMD.
CUMBERLAND	MEMORIAL HOSPIT	ral	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKET	12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COU			13e.STREET ADDRESS / ZIP CODE	
Md.	Cumberla		212 Harrison St	. 21502
14. FATHER'S NAME	M/DDLE LAST	15. MOTHER'S MAIDEN N	AME	
Theodore	Dale	FIRST Charalas	WIDDLE	LAST
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	Davis
(YES NO OR UNKNOWN) (IF YES, G	197-24-0	0606	B 11.1.1.1	
	inly one couse per line for (o). (b), o	Mr. Michael	Brittingham- Same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ED BY:	tin Encoula	a Pora There	BETWEEN ONSET AND DEATH
IMMEDIA	ATE CAUSE (0)	age - nage.	a rope very	+
	DUE TO, OR AS A CONSEQU	UENCROF ()	10.5	
Conditions, if ony, which gove rise to immediate	(p)	DAGGE CING	our	
couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEON	UENCE OF		100
DARKA OZUED CICAUTICANI	(6)	05.471.017.107.05.4750.70.715.75		
PART 2 OTHER SIGNIFICANT		Death BUT NOT RELATED TO THE TER		N IN PART TO
190 DATE OF OPERATION		H OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES,	WERE FINDINGS USED YING CAUSES OF DEATH?
210 ACCIDENT WAS UNDERLYING	로	21c HOW INJURY OCCL	IRRED (ENTER NATURE OF INJURY IN ITEM IS PA	RT ( OR PART 2)
OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE A WORK	(AT HOME STREET FACTORY, OFFICE	FARM ETC ) STREET	CITY OK TOWN	COUNTY STATE
220 I certify that (I) (this hosp	oital) attended the deceased from	1 198.	3 to 10-29 1	9 1 that (I) (we) lost
ture the decreased olive o	n 10-29 19-	ond that in (my) (our) opinio	n death accurred on the date and hour	and from the causes stated
MATURE	orl view the body offer deals	DEGREE		22c. DATE SIGNED
7/ elye To	1. 1/au	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-29-14
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	MEMORIAL HO		TIDING
DR. BARRERA			SPITAL MEDICAL BU UMBERLAND, MARYLAN	
23a BURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY		
(SPECIFY) Removal	10/29/84		CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Anatomy Board

ADDRESS

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Balto., Md



4		1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. 1	2 6	0 5	3				
	-		CEASED NAME	F#RST		MIDDLE	ı	AST	26. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR 6:50				
8	000	,,		GEORG	E F	1	ZU	FALL	October 6	. 1984	1	Р. м				
		3. SE			4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.				
	111		male		white			06-23-1913	71	YRS						
•	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			FOREIGN	USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY Alleg		Y OF DEATH	MD.				
10	s offer a by the tiled with	Cumberland			11. NAME OF (IF NOT IN SU Memo	HOSPITAL, NURSIN CH FACILITY, GIVE STREET Prial Hosp	of HOME (	DR OTHER INSTITUTION	12a. USUAL OCCUPA LITPE OF WORK FOR MOST CONDUCTOR	TION OF WORKING LI	126 KIND C INDUSTRY TAILT					
AND 212	filled in avid be f	USU.	AL RESIDENCE (IF NURS STATE MD	136 COUN Alle	other institution oty gany	13c. CITY OR TOW CUMBER.	N.	13d. INSIDE CITY LIMITS? YES 🔯 NO 🗌		/ ZIP CODI klin S	Street 2	21502				
BALTIMORE, MARYLAND 2120	P Edward Zufa					LAST		15. MOTHER'S MAIDEN NA.	lams		LAS	PART ITO  EFINDINGS USED CAUSES OF DEATH?  PART 20  LAST  LAST  PART 20  LAST  LAST  PART 20  LAST  LAST  PART 20  LAST  LAST  LAST  LAST  PART 20  LAST  LAST  LAST  LAST  PART 20  LAST  LAST  LAST  LAST  LAST  PART 20  LAST  LAST				
MORE	n and co		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	209-01-		Minnie Zufal	1 - Cumber		MD - wi	ife				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	requires that the death goed by the attent if then please remove co	ATTON	Canditions, if any gave rise to imm cause (a), statir underlying cause  PART 2 OTHER SIGN  190 DATE OF OPERA	mediate ng the last.	DUE TO, CONDITIONS C	OR AS A CONSEQUE	ERMINAL DISEASE OR CONDITION GIVEN IN PART 110  1 200 AUTOPSY? 1 200 IF YES, WERE FINDINGS USED									
AL REC	The both	RTIFIC							YES NO	IN CERTI	FYING CAUSES ES 🔲	OF DEATH?				
ION OF VIT	hersiciani mding physic this certificum e build-fram d Mentul Hys to hem 18 s	MEDICAL CE	21d. ACCIDENT WAS UNI OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR	CAUSE OF DEA	HOUR A P 21e. PLACE	OF INJURY M. MONTH D M.  OF INJURY  IREET, FACTORY OFFICE	19	211 LOCATION STREET	RED (ENTER NATURE OF IN.		PART 1 OR PART 2)	STATE				
DIVIS	TENDING P grid or offer TOR. After to for use at the af Health on 21 a morked	2	27a. I certify that (I) saw the decease abave, (I) (we) (ii)	(this haspi	tal) attended t	he deceased fram		nd that in (my) (aur) apınian	, tadeath accurred on the	date and ha						
	PITAL OR A by the ho VERAL DIRECTOR Selection Selection ANT, if here		226. SIGNATURE	Len AME (TYPE C	OR PRINT)		MD		MEDICAL ST. DIRECTOR PHYS		101	7/54				
	HOS TUP		Dr. H. M	lerric	k			4	erland, MD		-	• •				
	5 5 5 3 3 3	230	BURIAL CREMATION.			230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	22002						
	BP		Burial		l l	09 <b>-</b> 84 Re	stlawr	n Memorial Par	ck Cumberl	and Al	legany	MD				
DH	MH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR James F. S	Scarpe				25a. DAT	E REC'D. BY REGISTRA	R 25b. REGIS		URE				
		-						77.0	JAAP							

Scarberrr

